DOCUMENT RESUME

ED 361 934 EC 302 401

AUTHOR	Wallace, Teri; And Others
TITLE	Outreach Training Activities: Results from a Survey of UAP Outreach Training Directors.
INSTITUTION	Minnesota Univ., Minneapolis. Inst. on Community Integration.; Syracuse Univ., NY. Center on Human Policy.
SPONS AGENCY	Administration on Developmental Disabilities (DHHS), Washington, D.C.; National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.
PUB DATE	Jun 93
CONTRACT	90DD0204101; H133B00003-90
NOTE	48p.
AVAILABLE FROM	Publications Office, Institute on Community Integration (UAP), University of Minnesota, 109 Pattee Hall, 150 Pillsbury Dr., S.E., Minneapolis, MN 55455 (alternative formats available upon request).
PUB TYPE	Reports - Research/Technical (143) -- Tests/Evaluation Instruments (160)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Adults; Agencies; Children; *Developmental Disabilities; *Inservice Education; National Surveys; *Outreach Programs; Resource Allocation; Staff Development; Training
IDENTIFIERS	*University Affiliated Training Programs

ABSTRACT

This survey of 39 University Affiliated Program (UAP) Outreach Training Directors describes UAP outreach training efforts to improve services to people with developmental disabilities. The survey examined the influence of different staffing strategies on the structure of outreach training programs, and the degree of participation by various groups in planning, coordinating, conducting, financing and evaluating outreach training efforts. Results indicated that UAPs provide outreach training to a large audience representing a variety of agencies and constituencies. UAPs funding one or more positions for outreach training provided significantly more hours of training to significantly more people. Based on the results of the survey, recommendations are offered regarding increasing the involvement of stakeholders in all aspects of outreach training, increasing collaboration between UAPs and technical and community colleges, avoiding duplication of training efforts, increasing evaluation efforts that measure the impact of training on outcomes for persons with developmental disabilities, reconsidering UAP resources allocated to outreach training, and increasing training for persons providing support to adults and older persons with developmental disabilities. The UAP Outreach Training Survey is appended. (Contains 46 references.) (Author/PB)

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Outreach Training Activities

Results From a Survey of UAP Outreach Training Directors

By Teri Wallace, Sheryl A. Larson and R. Philip Guillery

Institute on Community Integration (UAP)
College of Education, University of Minnesota

June 1993

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The recommended citation for this report is: Wallace, T., Larson, S.A., & Guillery, R.P. (1993). *Outreach Training Activities: Results from a survey of UAP Outreach Training Directors.* Minneapolis: University of Minnesota (College of Education), Institute on Community Integration (UAP).

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Acknowledgements

The authors thank Cheryl Morgan and Vicki Gaylord for their assistance with layout and design. The authors also thank Mike Jakupcak, Yvonne Fryberger and Nancy Striffler for their assistance in developing and field testing the questionnaire, and in ensuring that as many questionnaires as possible were returned. Finally, the authors thank the Outreach Training Directors, Karen Middendorf, chair, for their willingness to complete this lengthy survey.

This report was supported by grant #90DD0204101 from the Administration on Developmental Disabilities, U.S. Department of Health and Human Services. Additional support was provided through a subcontract from the Center on Human Policy, Research and Training Center on Community Integration, Syracuse University, funded through Cooperative Agreement #H133B00003-90 from the National Institute on Disability and Rehabilitation Research (NIDRR). The opinions expressed are those of the authors and do not necessarily reflect the views of the Institute on Community Integration (UAP) or its funding sources.

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Abstract

As the locus of services for persons with developmental disabilities shifts from segregated to more inclusive community settings, agencies providing services and supports to those individuals experience rapidly changing demands. Many University Affiliated Programs (UAPs) have developed training programs to enable agencies to respond to those demands. This survey of 39 UAP Outreach Training Directors describes UAP outreach training efforts in detail, examines the influence of different staffing strategies on the structure of outreach training programs, and examines the degree of participation by various groups in planning, coordinating, conducting, financing and evaluating outreach training efforts.

The results of this survey indicate that UAPs provide outreach training to a large audience representing a variety of agencies and constituencies. They use many different strategies to plan, implement, and evaluate training activities. UAPs that fund one or more positions for outreach training provided significantly more hours of training to significantly more people. Although many groups are targeted for outreach training, some of those groups (particularly persons with developmental disabilities, their family members, direct service staff, and students) are often not included in planning training or in evaluating training results. Based on the results of this survey, recommendations are forwarded regarding increasing the involvement of stakeholders in all aspects of outreach training, increasing collaboration between UAPs and technical and community colleges, avoiding duplication of training efforts, increasing evaluation efforts that measure the impact of training on outcomes for persons with developmental disabilities, reconsidering UAP resources allocated to outreach training, and increasing training for persons providing support to adults and older persons with developmental disabilities.

Outreach Training Activities: Results From a Survey of UAP Outreach Training Directors

Introduction

Changes in attitudes, values, legislation, and public policy over the past two decades have led to rapid expansion of community services for individuals with disabilities and their families (Middendorf, 1992; Wallace & Johnson, 1992). The locus of residential services has shifted from institutions to small community living arrangements. Educational services have shifted from segregated services to models that facilitate the inclusion of all children in neighborhood schools and regular classrooms. Adult day services are moving from a skill development model to providing supports needed to enable people to work in community jobs. As more community residential, educational, and vocational opportunities have been created, the training needs of staff in these programs have increased in scope and complexity, and the lack of training has become more visible (Healy & Bacon, 1990). Community agencies are experiencing increased pressure to hire, train, and retain staff members who understand the purpose and nature of contemporary services, and who are equipped to provide state-of-the-art services. University Affiliated Programs are among the groups responding to these needs.

University Affiliated Programs (UAPs) were established in 1963 to address human resource needs in providing exemplary services to persons with mental retardation (Semmel & Elder, 1986). The Administration on Developmental Disabilities, which administers the law and funds the current UAP network, articulates a vision for community inclusion based on personal power and leadership and political strength for individuals with disabilities and their families, and the development of positive public images as valued community members (Middendorf, 1992). UAPs reflect this commitment by providing a wide range of training, curriculum development, technical assistance, and systems change initiatives in cooperation and collaboration with State and local service providers, and with individuals and families (Middendorf, 1992).

UAP training efforts are commonly divided into several separate activities. Pre-service training is provided to undergraduate, graduate, and post-doctoral students studying in the programs affiliated with the UAP. Outreach training is interdisciplinary training that occurs with individuals off campus. Outreach training participants are typically employed and are usually not currently in formal academic training programs. Technical assistance activities are direct problem solving services provided by the UAP to assist people, programs, and agencies to improve their services, management or policies. Each of these forms of training are used by UAPs to meet the training needs of their constituents.

The rapid development of community programs in recent years has stimulated increased involvement by UAPs in outreach training (Healy & Bacon, 1990; Middendorf, 1992). The addition of training initiatives in the 1987 amendments to the Developmental Disabilities Assistance and Bill of Rights Act (P.L. 100-146) provided funding for this increased involvement. As a result, between 1987 and 1991 the number of hours of outreach training provided by UAPs increased from 17,647 to 51,042 (National Information and Reporting System [NIRS], 1991). In FY 1991 alone, UAPs in 49 states, the District of Columbia, and Puerto Rico provided outreach training to more than 471,000 participants (NIRS, 1991).

In the early 1980s, to support increased involvement by UAPs in inservice and outreach training, UAP Outreach Training Directors (OTDs) came together to form the National Outreach Training Directors Council of the American Association of University Affiliated Programs (AAUAP). This group meets twice a year to identify, discuss, and resolve problems and issues regarding outreach training policies and initiatives (Middendorf, 1992). The group also provides a forum for OTDs to network and learn new outreach training strategies. This group has

been essential in assisting OTDs in defining and fulfilling their interdisciplinary training roles. Today the roles of OTDs include: (a) completing needs assessments, (b) matching resources, (c) implementing or coordinating the delivery of interdisciplinary outreach training, (d) identifying or developing curricula, (e) leveraging resources necessary to provide training, and (f) evaluating trainee satisfaction and the impact of training (Healy & Bacon, 1990). This report examines how these and other roles are carried out by OTDs in UAPs nationwide. The vision for how these roles might be implemented is compared with the reality as measured by a national survey of UAP Outreach Training Directors.

Methods

In 1991, researchers at the Institute on Community Integration (UAP), at the University of Minnesota, in collaboration with the AAUAP Outreach Training Directors Council, conducted an in-depth survey of outreach training activities in UAPs. An 11 page survey requested information about the organizational structure, planning and needs assessment activities, training activities, training products, funding strategies, and evaluation efforts used by UAPs in conducting outreach training (See Appendix A). Surveys were mailed to all of the UAP Outreach Training Directors who were on the AAUAP National Outreach Training Director's Council mailing list as of June 1991. OTDs who did not return their surveys were personally contacted at the AAUAP meeting in October 1991 to get their responses. Follow-up phone calls were also used to solicit missing surveys.

The survey was completed either by the Outreach Training Director or by the person designated to attend AAUAP National Outreach Training Director's Council meetings. In all, 39 of 50 UAP OTDs (78%) returned the surveys. Of the 39 respondents, 74.4% were the OTD for their UAP, 5.1% were designated to attend national outreach training meetings, and 20.5% were from a UAP that did not have an OTD. Among the 30 respondents who were the OTD, their mean tenure as OTD was 3.9 years (SD = 6.6 years, range = 1 month to 13 years). The UAPs for which they worked had had an OTD for an average of 7.0 years (SD = 6.6 years, Range = 0 to 23 years).

The surveys that were received were reviewed carefully. Missing data were obtained through follow-up phone calls when possible. Other missing data were entered according to the following procedures. For questions that included long lists of items to rate as occurring "usually or always," "sometimes," or "never," if at least one item was marked "usually or always" or "sometimes," all unmarked items were coded "never." For items about the number of staff funded for outreach training activities, if the UAP indicated this question was not applicable, zeros were recorded for all categories. Questions about the number of people receiving outreach training and the number of hours of outreach training provided in FY 89/90 were coded as marked with two exceptions. If no answer was given, the respondent was phoned to request the data provided to AAUAP for FY 90/91 (this information was mailed by AAUAP to the respondents within 2 days of the phone call). In three cases the numbers originally provided by respondents were considerably larger than any of the other UAPs. In those cases, the respondent was recontacted to confirm the response. Revised numbers obtained in the follow-up call were used.

The survey addressed three basic sets of research questions:

1) What are the defining characteristics of UAP outreach training efforts in terms of planning and needs assessment strategies, training arrangements, training methods and products, funding strategies, and evaluation strategies?
2) How do the staffing patterns used by UAPs differ? Do those differences influence the characteristics of training efforts?
3) What are the characteristics and roles of the primary target audiences in planning, coordinating, conducting, financing, and evaluating outreach training efforts?

The remaining sections of this report address these research questions.

Defining Characteristics of UAP Outreach Training Efforts

The largest section of the survey focused on defining the characteristics of UAP outreach training efforts. Among the characteristics examined were planning and needs assessment strategies, training arrangements, training methods and products, funding strategies, and evaluation strategies.

Needs Assessment and Planning Strategies

One of the primary roles of the Outreach Training Director is to conduct training needs assessments at both the organizational level and at the state level (Healy & Bacon, 1990). The OTD's responsibility is to assist community programs and State agencies in identifying agency and staff training needs that are of highest priority so the training developed by the UAP will address those needs.

Background Information

Needs assessments strategies for organizations range from highly formal processes conducted by outside consultants to less formal processes managed by internal program personnel. The selection of needs assessment strategies depends upon the type, nature, and scope of the training needed within the community service program (Buckley, Albin, & Mank, 1985; Levine, 1983; McCormick, Cooper, & Goldman, 1979; Swanson, 1982; Swanson & Gradous, 1986). One way to identify competencies needed by staff is to begin by specifying what the organization must do to successfully provide services (Buckley, Albin, & Mank, 1985; Mori, Rusch, & Fair, 1982). This approach requires a comprehensive assessment of broad agency needs including identification of the expected outcomes (Goldstein, 1993). Once the expected outcomes are defined and strategies for reaching those outcomes are identified, those strategies can be translated into specific staff knowledge and competencies. Needed competencies can also be identified by using techniques such as general work analysis, job content analysis, and task analysis (Levine, 1983; McCormick, 1979; Swanson, 1982; and Swanson & Gradous, 1986).

Several strategies may be used to collect information about the competencies required for a specific job, the current skill level of employees, and the employees' self-identified training needs. Those strategies include individual or group interviews, observations, material review, and structured surveys (Inge, Barcus, & Everson, 1988; Swanson & Gradous, 1986). Information gathered using these strategies must include both needed knowledge, skills, and attitudes, as well as information regarding the staff member's need for support. Information about when staff members are available for training, the level of difficulty staff members can handle in training materials, and the types of adaptations or other supports needed to make training successful should be identified. Some staff, for example, may require that training occur outside of regular working hours; others may require written materials to be at an 8th grade reading level, or in another language. Whatever the situation, needs for support must be identified and addressed.

UAP Outreach Training Directors also must assess the training needs and priorities of the State. This assessment might consider the current State priorities, the training needs reflected in State agency plans (e.g., Department of Human Services, Department of Education, Division of Rehabilitation Services, Governors Planning Council on Developmental Disabilities), and current State and Federal funding priorities. State level needs assessments may require focus groups of stakeholders from various State agencies, review of relevant documents, identification of current statewide training resources, and interviews with training personnel from various State and local agencies.

Results and Discussion

This survey asked several questions about how UAP outreach training activities are planned, who is involved the planning process, and how needs assessment information is gathered.

Needs Assessment Participants. The Outreach Training Directors surveyed consulted several different groups of stakeholders to identify training needs. The mean number of agencies that were usually or always involved in the needs assessment process was 3.00 (SD = 2.47). On average, an additional 4.64 agencies were sometimes involved (SD = 2.90). Several different groups were consulted by UAPs. More than 50% of the UAPs usually consulted State agencies, outreach training participants, local provider agencies and schools, the DD Council, parents and family members, and local UAP personnel, boards or committees in the needs assessment process (See Table 1). Less often involved were advocacy organizations, institutions of higher education, persons with developmental disabilities, and local government agencies.

These findings suggest substantial diversity among UAPs in selecting particular agencies or groups to be involved in the needs assessment process. Even the most common participants were usually consulted by only about half of the UAPs.

While most UAPs sometimes asked parents, family members, and persons with disabilities about the outreach training needs of the region, less than 50% of the UAPs usually consulted those individuals to identify training needs. This is unfortunate because consumers and family members can offer valuable insight to the training needs they have, and to the training needs of people who are providing supports or services to them (Wallace, Larson, & Hewitt, 1992). Furthermore, while some UAPs worked with institutions of higher education (including universities, colleges, community colleges, and technical institutes), fully one third of the UAPs never contacted those organizations when identifying training needs. Since institutions of higher education are often involved in providing training to the broad community of persons involved in the lives of persons with developmental disabilities, UAPs that never include those groups are missing important information about training needs and training resources.

Table 1
Agencies involved in identifying training needs

Agency/ Group	Usually or Always	Sometimes	Never
State agencies	55.3%	39.5%	5.3%
Outreach training participants	52.6%	39.5%	7.9%
Local provider agencies/schools	50.0%	47.4%	2.6%
DD Council	50.0%	44.7%	5.3%
Parents and family members	50.0%	44.7%	5.3%
Local UAP personnel, boards or committees	50.0%	36.8%	13.2%
Advocacy organizations	36.8%	50.0%	13.1%
Institution of higher education	36.8%	47.4%	36.8%
Persons with DD	34.2%	52.6%	13.2%
Local/State government	28.9%	52.6%	28.9%
Protection and advocacy organizations	21.1%	55.3%	23.6%
Professional association	21.1%	47.4%	31.6%
Students	13.2%	65.8%	21.1%
Hospital/Physician Group	7.9%	63.2%	28.9%
AAUAP personnel, boards or committees	5.3%	44.7%	50.0%
General public	2.6%	44.7%	52.6%
Businesses	0.0%	28.9%	71.1%

Needs Assessment Strategies. A variety of strategies were used by UAPs to gather information about training needs. Those strategies involved gathering information from sources such as training participants, agencies and individuals with a stake in training outcomes, and the academic literature. Five needs assessment strategies were used by more than 70% of all UAPs (See Table 2). Those strategies involved gathering information from at least four different sources. Considering the time and effort required to use group process and individual interview strategies, it is remarkable that so many UAPs reported using those strategies. On the other hand, formal needs assessment strategies such as job analysis and direct assessment of potential participants were less commonly used despite their accuracy in identifying job tasks and activities.

Table 2
Strategies used to gather needs assessment data

Strategy	Information Source	% UAPs
Evaluations of previous training efforts	Previous participants	84.6%
Individual interviews and surveys	Other stakeholders	84.6%
Group Process (delphi technique)	Other stakeholders	82.1%
Potential participant opinion survey	Potential participants	79.5%
Literature reviews	Professional lit.	74.4%
Job analysis	Potential participants	59.0%
Direct assessment of potential participants	Potential participants	48.7%
Other	Other stakeholders	17.9%

Needs Assessment Considerations. In addition to needs assessment results, several other factors are considered by UAPs when determining what training will be provided. Primary considerations for the majority of UAPs included requests for training, and UAP goals and objectives (See Table 3). The large number of UAPs considering requests for training suggests that these UAPs placed a high priority on providing training that is responsive to the needs of the community. Federal, State and local plans and priorities were also common considerations. Interestingly, while the availability of training from other sources was a primary consideration for about half of those surveyed, another 40% said this was only a secondary consideration. This may result in the duplication of training efforts.

Table 3
Considerations in determining training to be provided

Consideration	Primary	Secondary	Not
Requests for training	89.7%	7.7%	2.6%
UAP goals and objectives	82.1%	15.4%	2.6%
State agency plans	61.5%	38.5%	0.0%
Federal funding priorities	61.5%	33.3%	5.1%
Availability of training from other sources	56.4%	41.0%	2.6%
Local funding priorities	56.4%	38.5%	5.1%
DD Council plans	53.8%	41.0%	5.1%
Other funding agency priorities	41.0%	48.7%	10.3%

Planning Training Activities. Once the needs assessment has been completed and needed training has been identified, a training plan, including training goals and objectives can be established. This survey provided some information about how UAPs go about this process. The Outreach Training Directors surveyed involved a variety of agencies and groups in planning training activities. On average, 3.15 agencies or groups usually or always participated in planning training activities (SD = 2.6). An additional 4.67 agencies or groups were sometimes consulted (SD = 2.8). Agencies or groups usually or always involved in planning training in at least half of the UAPs were local UAP personnel, boards and committees, state agencies, and local provider agencies and schools (See Table 4). Other groups such as the DD Councils, institutions of higher education, and local government agencies were usually involved in planning in just over a third of the UAPs. Stakeholders such as outreach training participants, parents and family members, advocacy organizations and persons with developmental disabilities were occasional participants in the planning process in most UAPs.

As in the needs assessment area, considerable variation was observed in the combinations of agencies and constituencies involved in planning training efforts. This variation may be due in part to planning processes that respond to particular needs. The specific combination of participants selected by each UAP is likely to influence and to be influenced by the focus and topics of training to be conducted. The variation in characteristics of frequent participants in planning activities probably results in variation in the outcomes of those planning efforts as well.

Table 4
Agencies involved in planning outreach training

Agency/Group	Usually or Always	Sometimes	Never
Local UAP personnel	61.5%	25.6%	12.8%
State agencies	53.8%	46.2%	0.0%
Local provider agencies/schools	53.8%	43.6%	2.6%
DD Council	43.6%	46.2%	10.3%
Outreach training participants	43.6%	43.6%	12.8%
Parents and family members	41.0%	51.3%	7.7%
Advocacy organizations	38.5%	46.2%	15.4%
Institution of higher education	38.5%	43.6%	17.9%
Local/State government	35.9%	46.2%	35.9%
Persons with DD	28.2%	53.8%	17.9%
Students	23.1%	48.7%	28.2%
Protection and advocacy organizations	23.1%	48.7%	28.2%
Professional association	17.9%	51.3%	30.8%
Hospital/Physician Group	10.3%	59.0%	30.8%
General public	10.3%	33.3%	56.4%
AAUAP	2.6%	48.7%	48.7%
Businesses	0.0%	35.6%	64.1%

Identifying training goals and objectives. The planning process also includes developing goals and objectives for outreach training activities. Survey respondents were asked which of several possible strategies most closely matched the strategy used by their UAP to determine outreach training goals and objectives. The vast majority of respondents indicated that a joint process involving the Outreach Training Director, UAP staff members, project directors, students and/or faculty was used (See Table 5). However, in 12.8% of the UAPs the outreach training goals and objectives were specific to ongoing projects.

Table 5
Strategies to identify outreach training goals/objectives

Strategy	% using
The OTD, UAP staff members, project directors, students, and/or faculty jointly determine goals and objectives	64.1%
A task force identifies goals and objectives	12.8%
Use only goals and objectives specific to our projects	12.8%
The UAP Director determines the goals and objectives	2.6%
The OTD determines the goals and objectives	2.6%
We do not have goals and objectives specific to outreach training	2.6%
Other	2.6%

Training Arrangements

Background Information

A critical role of Outreach Training Directors is to match resources to identified training needs. This role can be fulfilled in several ways. The OTD might act as a broker, matching people and resources to needs by negotiating assistance from other UAP staff who have the knowledge and skill to respond to an identified need, or targeting curricula and training materials which an on-site staff trainer could use to meet a specific training need (Healy & Bacon, 1990). The OTD might also respond by designing a training program for an organization or leveraging resources for the development of a statewide conference to address a broader need. The OTD's role can be diverse in this area. However, the focus must always be on maintaining an interdisciplinary approach to planning and delivering training.

Part of the UAP mission defined in the Developmental Disabilities Act is to provide interdisciplinary training for developmental disabilities personnel in community settings through outreach activities (Healy & Bacon, 1990). The interdisciplinary training approach refers to both the process of service delivery and the methods of instruction. An interdisciplinary training process means that participants in the training acquire knowledge and skills to understand and practice interdisciplinary service delivery. An interdisciplinary method of instruction involves the use of instructional methods and techniques that reflect the principles of interdisciplinary services delivery, such as: team identity, shared goals and leadership, and recognition of the importance of interactional processes (Healy & Bacon, 1990). Well trained personnel are critical to the provision of coordinated interdisciplinary community services (Barcus, Everson & Hall, 1987). The changes in philosophy and practice during the last 20 years have confronted community service agencies with a need to provide immediate philosophical and practical skills training to their personnel (Barcus, Everson & Hall, 1987; Middendorf, 1992; Pickett, 1989; Wallace & Johnson, 1992).

Results and Discussion

This section examines the arrangements made to provide outreach training. Among the features of the training delivery system to be discussed are: recruitment strategies, training recipients, hours of training, providers of training, training locations, provision of credit for completion of training, and training formats.

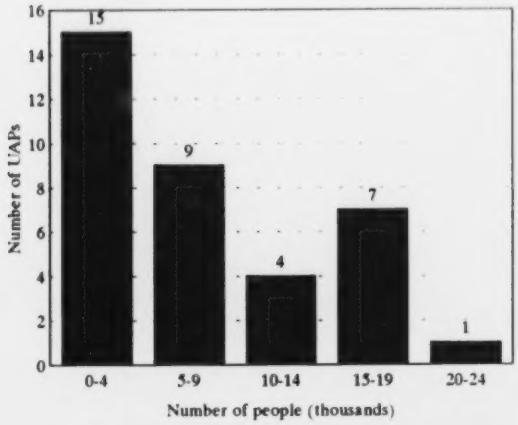
Recruitment strategies. Once a training program has been developed, UAPs must communicate that the training is available. While many recruitment strategies could be used, according to OTD's, the distribution of printed materials and word of mouth advertising are by far the most effective strategies to recruit participants for outreach training (See Table 6). Other strategies such as incentives, group presentations, specific referral systems and printed ads were used and considered effective by about a third of those surveyed.

Table 6
Effective recruitment strategies used by UAPs

Recruitment strategy	% Effective
Printed materials	92.1%
Word of mouth	86.8%
Incentives for participation	39.5%
Presentation to groups	36.8%
Referral system	34.2%
Printed advertisements	28.9%
Multi-media	10.5%

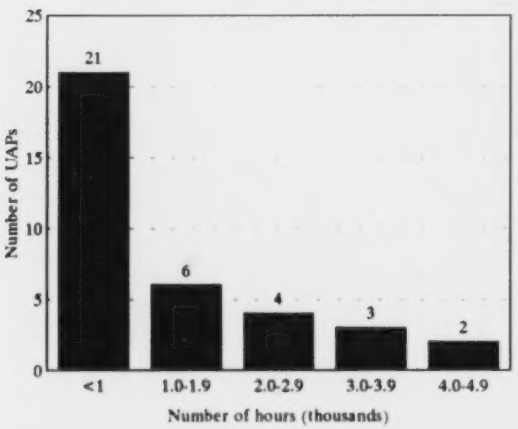
Training Recipients. The effectiveness of the recruitment strategies used by OTDs can be clearly seen in the number of people attracted to UAP outreach training programs. Among the 36 UAPs responding, the mean number of people receiving training during Fiscal Year (FY) 89/90 was 8,249.0 (SD = 6,061.8). The interesting finding however was the tremendous range in the number of people trained (Range = 180 to 22,061). Among the 30 UAPs that provided information about the number of people trained, 42% trained fewer than 5,000 people, 55% trained 5,001 to 20,000, and only 3% trained more than 20,001 people (See Figure 1).

Figure 1
Number of people trained during the last year (N=36)



Hours of training. As with the number of people trained, the UAPs varied considerably in the number of hours of training provided. The mean number of hours of training provided by the 36 reporting UAPs was 1,381.1 (SD = 1,239.3). The range was from 40 hours to 4,625 hours. About 60% of the reporting UAPs provided less than 1,000 hours of training (See Figure 2). Another 28% provided between 1,001 and 2,999 hours. The remaining UAPs provided more than 3,001 hours of outreach training.

Figure 2
Number of hours of training provided (N=36)



Providers of Training. Outreach training can be provided by many different types of people depending on the purpose and the target audience. In selecting a trainer, expertise in the subject area, training experience, and effectiveness in communicating underlying values must be considered. Among the UAPs surveyed the overwhelming majority (89.5%) used professionals to provide training (See Table 7). Local UAP personnel, boards or committees were also used frequently. Other groups such as parents and family members, administrators, policy makers, direct service staff, persons with developmental disabilities and students were sometimes used by most of the UAPs. The extensive use of professionals to deliver training may reflect a reliance on the "expertise" of that group. However, depending on the training topic, parents, persons with developmental disabilities, policy makers and administrators may have expertise that could benefit the training participants. Given the power of stories to communicate, those individuals may be more effective communicators of some messages than professionals could ever be. UAPs that never use those groups are missing opportunities for effective training.

Table 7
Trainers used by UAPs for outreach training

Agency/ Group	Usually or Always	Sometimes	Never
Professionals	89.5%	10.5%	0.0%
Local UAP personnel	44.7%	39.5%	15.8%
Parents and family members	10.5%	78.9%	10.5%
Administrators	5.2%	73.7%	21.1%
Policy makers	2.6%	65.8%	31.6%
Direct care workers (paraprofessionals)	2.6%	63.2%	34.3%
AAUAP personnel	2.6%	18.4%	78.9%
Persons with DD	0.0%	84.2%	15.8%
Students	0.0%	73.7%	26.3%
General public	0.0%	21.1%	78.9%

Collaborating agencies. Training activities may be conducted solely by the UAP or may be done with other organizations. Among the UAPs surveyed an average of 2.77 agencies (SD = 2.51) usually or always collaborated with the UAP to conduct training activities. An additional 5.13 agencies (SD = 2.90) sometimes collaborated with the UAP. None of the agencies listed were usual collaborators in a majority of the UAPs, however. The agencies most commonly collaborating with these UAPs were State agencies, local provider agencies and schools, and advocacy organizations (See Table 8). Other agencies were sometimes involved.

Table 8
Agencies collaborating with the UAP to conduct training activities

Agency/ Group	Usually or Always	Sometimes	Never
State agencies	42.1%	55.3%	2.6%
Local agencies/schools	42.1%	52.6%	5.3%
Advocacy organizations	31.6%	55.3%	13.2%
Local/State government	23.7%	57.9%	18.4%
Professional association	21.1%	66.5%	18.4%
Hospital/Physician Group	18.4%	52.6%	18.4%
Protection and advocacy organizations	10.5%	63.3%	26.3%
DD Council	7.9%	52.6%	31.5%
Institution of higher education	7.9%	39.5%	52.6%
Businesses	2.6%	28.9%	68.4%

Training Locations. The most common locations for outreach training activities are conference centers and hotels, and provider agency locations (See Table 9). The common use of provider agencies to house training activities supports collaborative efforts with those agencies. While university and college settings are sometimes used for outreach training however, few UAPs work with technical colleges or community colleges to house outreach training efforts. Given the mission of technical and community colleges, these agencies could collaborate with UAPs to provide training opportunities to persons who might not otherwise have access to that training. Collaboration with technical and community colleges also provides the option of obtaining credit for training received, providing important benefits to training recipients. Collaboration between UAPs and technical and community colleges also can be used to establish programs that will enhance career advancement opportunities for participants.

Table 9
Locations used as training sites

Location	Usually or Always	Sometimes	Never
Conference centers/hotels	50.0%	42.1%	7.9%
Provider agency locations	47.4%	42.1%	10.5%
University/State or local college	28.9%	57.9%	13.2%
Local community ed sites	26.3%	57.9%	15.8%
Public schools	23.7%	55.3%	21.1%
Clinics/hospital settings	21.1%	55.3%	23.7%
Other	13.2%	5.3%	81.6%
Technical colleges	5.5%	34.2%	60.5%
Community colleges	5.3%	63.2%	31.6%

Types of credit offered. Most of the UAPs surveyed offered some form of academic or continuing education credit to outreach training participants. Most UAPs offered continuing education credit, and more than 50% offered graduate school credit (See Table 10). Only about a third of the UAPs, however, offered undergraduate credit or professional accreditation for training participants. This suggests that despite an increased emphasis on outreach training by UAPs, those efforts focus on professionals who already have a college degree. The very small number of UAPs collaborating with community or technical colleges to offer credit is a concern for direct service staff members in all settings. Most of those individuals have not earned college degrees, and many have no education beyond high school (Larson, Hewitt & Lakin, in press). The availability of career ladders for paraprofessionals depends on access to education to advance their knowledge. For many this education will initially be provided by community or technical colleges.

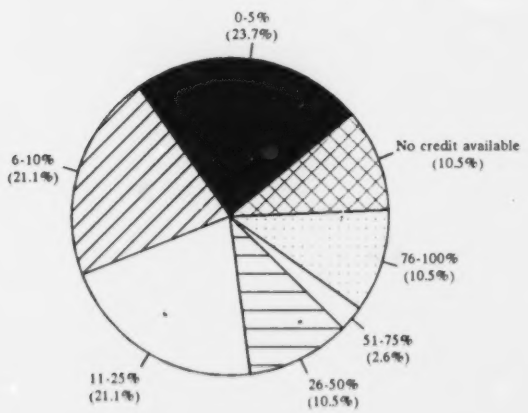
Table 10
Types of credit offered

Types of Credit	% Offering
Continuing education	81.6%
University graduate	60.5%
University/4 yr college undergraduate	36.8%
Professional accreditation	31.6%
Community college	13.2%
Technical college	7.9%
Other	5.3%

Offering academic credit will not ensure that participants will take advantage of it, however. As Figure 3 shows, in the majority of UAPs (65.8%), fewer than 25% of the outreach training participants request available credit. In 10.5% of the UAPs academic credit is not available at all. It cannot be determined from this survey whether this apparent lack of interest in credit for training is because people do not want credit, or whether it is because the types of credit offered does not match the needs of those seeking outreach training. However, the training audiences who might benefit most from getting credit for this type of training, (i.e., those with no formal education beyond high school), are not given opportunities to request credit appropriate to their needs (i.e., Community college or technical institute credit) in most of the UAPs surveyed. Other reports have indicated that when community college or technical institute credit is offered to those

working with persons with developmental disabilities the response has been good. For example, in North Dakota 1,333 persons completed a certificate program, and 76 earned Associate of Arts Degrees between 1983 and 1992 (Vassiliou, 1992) for completing UAP developed training programs. In St. Louis, Missouri, when the Productive Living Board for St. Louis County Citizens with Developmental Disabilities teamed up with the St. Louis Community College to provide short three hour workshops to paraprofessionals, 882 paraprofessionals were drawn to the courses, and a two year program leading to an Associate of Arts degree was developed (Bassin & Hanks, 1992). If UAPs are serious about providing to outreach training to persons without college degrees, much more consideration should be given to the types of credit offered, and to where that training will be conducted.

Figure 3
Proportion of participants requesting academic credit



Training formats. The most common training formats used by UAPs were workshops, technical assistance, and professional presentations (See Table 11). Inservices were also used by more than 50% of the UAPs. As expected, typical pre-service training formats such as formal courses and seminars were less commonly used for outreach training. These formats are diverse and meet the needs of a wide range of audiences. Direct technical assistance services, inservice training and on-site consultation efforts provide immediate attention to staff and consumer needs. Inservice training offers a unique opportunity for on-site technical assistance both during and after training (Barcus, Everson & Hall, 1987). All of these formats can be used to meet the needs of direct service staff members. Professional presentations and conferences are well-suited to information dissemination to professional audiences.

Training Methods and Products

Background Information

The Outreach Training Director may choose from several different techniques to deliver the training content. Lectures, group discussions, role-play situations, fieldwork experience, audiovisual materials, and other strategies are often used. The selection of strategies should be based on the goals and objectives of training, characteristics of participants, length of training, experience of the trainer, location of the training, and other constraints and costs (Goldstein, 1993; Inge, Barcus, & Everson, 1988; Tannebaum & Yukl, 1992). Multimodal techniques that incorporate practice and feedback have been shown to be more effective than techniques that focus solely on didactic instruction (Anderson & Kratochwill, 1988; Feldman & Dalrymple, 1984; Kazdin, 1984; Ziarnik & Bernstein, 1984).

The characteristics of adult learners should also be considered when selecting training materials and methods since the consumer of outreach training activities is the adult learner (Templeman & Peters, 1992). Knowing and using adult learning principles is an important component to preparing on-site trainers to train others in their organizations (Goldstein, 1993; Templeman & Peters, 1992). A train-the-trainer strategy, which is used often by UAPs, increases the numbers trained and improves the cost effectiveness of long-term training programs (Templeman & Peters, 1992).

Designing the training environment is a delicate process that requires a combination of learning principles and media selection, based on the tasks that the trainee is eventually expected to perform (Goldstein, 1993). Outreach Training Directors often must identify existing curricula or develop new training materials to meet specific training needs. The decision of whether to use existing curriculum materials, adapt existing materials to the particular situation, or develop new materials is difficult. Hundreds of training modules and manuals on a wide range of topics have been developed in recent years. Fortunately resource guides have been developed delineating

Table 11
Training formats

Training Format	Description	Usually or always	Sometimes	Never
Workshop	Usually brief, small groups of people, focused topic, emphasizes participation and skill development.	68.4%	28.9%	2.6%
Technical assistance	Provision of specific assistance leading to skill development, includes follow-up.	60.5%	39.5%	0.0%
Professional presentation	Presentation made at professional conferences or meetings.	60.5%	39.5%	0.0%
Inservice	Training for people who are employed, usually at the employment site.	50.0%	50.0%	0.0%
On-site consultation	Short-term provision of professional or expert advice to personnel at their place of employment	44.7%	55.3%	0.0%
Conference	Usually 2 or more days, multiple topics, emphasizes knowledge dissemination and awareness.	36.8%	52.6%	10.5%
Academic course	Usually University based, part of a program of study, quarter or semester long, leads to academic credit.	34.2%	52.6%	10.5%
Seminar	Academic event where persons, usually graduate students, discuss issues	31.6%	55.3%	13.2%
Internship, residence, practicum	Supervised training in a particular work environment for a specified period of time.	26.3%	57.9%	15.8%
Training institute	Usually week long, intensive instruction on topics in a particular field.	21.1%	44.7%	34.2%
Symposium	Formal gathering in which several specialists make short presentations on a related topic.	15.8%	63.2%	21.1%
Colloquium	Academic meeting where specialists make presentations on one or more related topics and then address questions.	13.2%	65.8%	21.1%

training materials that are currently available on topics such as residential services (Larson & Hewitt, 1992), behavior management (Sigafoos & Linz, 1989), transition from school to adult life (Ellson et al., 1992), and supported employment (Wallace, Johnson, & Erickson, 1990). Guides such as these provide information to enable OTDs to avoid duplicative efforts, while also allowing them to spot gaps in available materials. Regardless of whether new materials are developed, or existing materials are used, the OTD must insure that the materials are appropriate for the audience and the training occasion (Goldstein, 1993; Inge, Barcus, & Everson, 1988; Swanson & Gradous, 1986).

Results and Discussion

The survey asked several questions about training methods and products. Specific characteristics addressed include instructional strategies, instructional media, product formats, and the topics on which materials have been prepared.

Instructional strategies. Outreach Training Directors used a wide range of instructional strategies during training. Almost all of the UAPs used panels/guest speakers, discussion groups, and lectures (See Table 12). More than three quarters used case studies, demonstration or modeling, and group process. More labor intensive instructional

strategies such as fieldwork, one-to-one instruction, and structured feedback were used by 55% to 67% of the UAPs. The effectiveness of these commonly used strategies varies. According to Templeman & Peters (1992), retention of new learning ranges from 5% for lecture alone, to 30% for demonstration and 50% for group discussions. More effective strategies such as practice (75% retention of information) and teaching others (95% retention) are among the least commonly used instructional strategies for outreach training by UAPs.

Table 12
Instructional strategies used by UAPs

Instructional Strategy	% Using
Panels/guest speakers	97.4%
Discussion groups	92.3%
Lectures	92.3%
Case studies	84.6%
Demonstration or modeling	79.5%
Group process	79.5%
Fieldwork (e.g., practica, internships)	66.7%
Anecdotes	64.1%
One-to-one instruction	59.0%
Games, skits, roleplaying	59.0%
Structured feedback (verbal, written, video)	56.4%

Instructional media. Most of the UAPs surveyed (92.3%) used films, filmstrips, videotapes or slides in their outreach training efforts (See Table 13). A large majority also produced trainee handbooks or train-the-trainer manuals. More than half used site visits or field trips, or developed workbooks. High tech instructional media such as telecommunications, interactive video, and computer based instruction were much less common. Self-paced modules that could be used by learners without a trainer present have been prepared by about one-third of the UAPs surveyed. This media is particularly useful for training personnel in remote isolated areas, or for training personnel such as residential direct service staff who may work evening or weekend hours making them more difficult to reach with traditional formats.

Table 13
Instructional media used by UAPs

Instructional Media	% Using
Films, filmstrips, videotapes, slides	92.3%
Trainee Handbooks	79.5%
Train-the-trainer manuals	69.2%
Site visits, field trips	56.4%
Workbooks	51.3%
Newsletters	38.5%
Telecommunication (e.g., closed circuit TV)	38.5%
Self-paced learning modules	35.9%
Textbooks	33.3%
Interactive video	17.9%
Audio Cassette	12.8%
Computer based instruction	5.1%

Product formats. The most common formats used for disseminating outreach training information were written products such as research to practice publications and training manuals aimed at non-academic audiences, and other products such as conference presentations aimed at professional audiences (See Table 14). The other potential formats were used less frequently.

Table 14
Product formats used by UAPs

Format	Examples	Usually or always	Sometimes	Never
Written products for non-academic audiences	Research to practice publications, training manuals information sheets	48.7%	51.3%	0.0%
Other products for academic audiences	Presentations at conferences	46.2%	51.3%	2.6%
Written products for academic audiences	Books chapters, journal articles, technical reports	28.2%	69.2%	2.6%
Resource coordination products	Resource library, resource guide	28.2%	53.8%	17.9%
Other products for non-academic audiences	Videotapes, television ads	25.6%	61.5%	12.8%

Product topics. Outreach training products have been prepared by UAPs on a wide range of topics. The most popular topics include early intervention, case management and service coordination, intervention/treatment/programming, and introduction to developmental disabilities. More than 60% of UAPs had developed training materials in those areas (See Table 15). Materials about a variety of individual special needs (e.g., medical issues, challenging behavior), and service areas (e.g., transition, education) were available from at least half of the UAPs. Less than a third of the UAPs had prepared written materials on public policy/planning, staff development, human sexuality, or administrative and management issues. These areas represent potential national needs for training materials. The wide availability of training materials on many topics suggests that UAPs should collaborate and consult with one another to determine whether appropriate materials have already been developed before proceeding with an expensive materials development project.

Table 15
Outreach training products developed by UAPs

Topic	% offering
Early intervention	69.2%
Case management and service coordination	64.1%
Intervention/treatment/programming	64.1%
Introduction to developmental disabilities	61.5%
Individual assessment	56.4%
Medical issues	56.4%
Family supports	56.4%
Transition	56.4%
Challenging behavior	56.4%
Education	53.8%
Sensory and communication needs	53.8%
Legal issues/self-advocacy/individual rights	53.8%
Services to persons who are elderly	51.3%
Health care, safety, emergency issues	46.2%
Community integration	43.6%
Employment/adult day services	43.6%
Physical special needs	43.6%
Residential services	38.5%
Parents with MR/DD	38.5%
Personal care special needs	35.9%
Public policy/planning	33.3%
Staff development	33.3%
Human sexuality	28.2%
Administrative/management issues	25.6%

Funding Strategies

Background Information

Leveraging support for training is a method of maintaining relations between UAPs and Federal and State agencies (Farlee, 1976). In successful UAPs, programmatic support is obtained from Federal agencies, State DD councils, private foundations, and fees for service (Davidson & Fifield, 1992; Farlee, 1976; Mayo & Tarjan, 1962). Leveraging resources is often necessary to support UAP outreach training activities and can be used as a catalyst for involving agency representatives in planning, funding, implementing, and evaluating training activities.

Results and Discussion

These UAPs reported using an average of 3.59 primary funding sources (SD = 1.45), and an average of 4.41 secondary funding sources (SD = 2.46) to support outreach training activities. The most common primary funding sources were Federal and State agency funding, the ADD Training Initiatives, and the UAP core grant (See Table 16). Among the 82.1% of reporting UAPs that had ADD Training Initiative grants the most common target areas were direct care staff training (41.0% of UAPs) and early intervention (35.9%). Fewer than 15% had grants on services to persons who were elderly (12.8%), assistive technology (10.3%), or positive behavior management (2.6%). A range of secondary funding sources were used to support training efforts. Since this question did not specifically list DD Councils as a potential funding source, no inferences about their status as a primary or secondary funding source should be made. Of the 39 UAPs surveyed, only 30.8% reported that their outreach training activities were self-supporting. Several participant fee structures were used (sometimes more than one per UAP). The most common strategies used were informal policies (48.7%), and negotiated fee structures (43.6%). A written fee policy was in place in 2.6% of the UAPs, and 10.3% used some other fee structure. A total of 28.2% did not charge any participant fees for training.

Table 16
Funding sources used by UAPs

Agency/Group	Primary	Secondary	Not
Federal government agencies	76.9%	10.3%	12.8%
State government agencies	64.1%	33.3%	2.6%
ADD training initiative	61.5%	12.8%	25.6%
UAP core grant	53.8%	33.3%	12.8%
Fees received for services	33.3%	41.0%	26.5%
Local government agencies	20.5%	46.2%	33.3%
University/grantee support	17.9%	51.3%	30.8%
In-kind contributions	10.3%	51.3%	38.5%
Federal/State per service reimbursement	7.7%	28.2%	64.1%
Community foundations (e.g., United Way)	5.1%	20.5%	74.4%
Private foundations	2.6%	33.3%	64.1%
Professional and trade associations	2.6%	59.0%	38.5%
Other	2.6%	2.6%	94.9%
Corporations	0.0%	17.9%	82.1%

Evaluation Strategies

Background Information

Traditionally, the evaluation of training implemented by UAPs has focused on process inputs and quantitative outputs (Davidson & Fifield, 1992; Healy & Bacon, 1990). However, more recently the importance of evaluating the quality of training in terms of its impacts on individuals with disabilities, families, programs and program systems has been recognized (Bernstein & Ziarnik, 1982; Dufresne, 1990; Lakin, Larson & Prouty, in press). Experts in quality assurance suggest that effective change in services will only occur when high quality is rewarded and when training and technical assistance efforts support the development of needed skills among providers (Bradley, 1990; Conroy & Feinstien, 1990; Lakin, Larson & Prouty, in press). Measurement of the impact of UAP training should be based on (a) demonstrating a relation between consumers and UAP direct or indirect service programs and (b) documenting that UAP services in fact make a change in persons with disabilities or their family members along functional dimensions (e.g., access to services, service options, community integration, productivity, or independence) (Davidson and Fifield, 1992).

Few examples of outcome based evaluation systems exist (Davidson & Fifield, 1992). One exception is the system developed by Davidson and Adams (1989). That system involves (a) developing operational definitions of consumer and agency outcomes, (b) documenting that programs or services are provided in inclusive community settings with the intent to enhance the independence and productivity of individuals with disabilities, and (c) surveying selected individuals to determine whether their functional status changed following delivery of UAP services (Davidson and Fifield, 1992). The evaluation process includes two procedures--establishing measures of success and using experimental and nonexperimental designs to determine what changes have occurred during and after the training process (Goldstein, 1993). Measures of success must be established to evaluate trainees upon completion of the training and during on-the-job performance. The measures of success are based on behavioral objectives developed during the needs assessment process. They examine the impact trained employees have on the individuals they serve. The trainer might ask: Have the services the individuals receive improved? What criteria are used to evaluate improved services? How can impact on service recipients be measured? Once the measures of success have been identified, several sources may be consulted to gather evaluation information. Those sources include reaction of participants, learning of participants in training, behavior changes on the job, and final results of the total program (Kirkpatrick, 1960).

Results and Discussion

In this survey, OTDs provided information about the persons involved in planning evaluations, the persons who provided data for the evaluation, and the strategies used to evaluate outreach training activities.

Persons planning evaluations. Just as there were many groups and individuals involved in planning and conducting training, there were also a variety of groups involved in evaluating the results of training efforts. Training evaluations were most often designed or conducted by professionals (See Table 17). Additional participants included local UAP personnel, boards or committees, and outreach training participants in over a third of the UAPs. Unlike many of the other training activities, several of the stakeholder agencies and groups were never involved in designing or conducting evaluations in the majority of UAPs (e.g., direct care workers, general public). The absence of these individuals as regular participants in planning evaluations casts serious

doubts on whether UAPs are evaluating outcomes that are important to persons with developmental disabilities, their family members and the people who work most closely with them.

Table 17
Participants in designing or conducting evaluations

Agency/Group	Usually or Always	Sometimes	Never
Professionals	69.2%	20.5%	10.3%
Local UAP personnel	41.0%	38.5%	20.5%
Outreach training participants	35.9%	64.1%	43.6%
Administrators	23.1%	38.5%	38.5%
Direct care workers	15.4%	33.3%	51.3%
Parents and family members	15.4%	48.7%	35.9%
Policy makers	10.3%	48.7%	41.0%
Persons with DD	7.7%	43.6%	48.7%
Students	7.7%	53.8%	38.5%
Consultants/ external evaluators	5.1%	51.3%	43.6%
General public	2.6%	15.4%	82.1%
AAUAP personnel	2.6%	12.8%	84.6%

Targets of evaluation efforts. The most common targets of evaluation efforts were professionals and direct care workers with over 50% of UAPs usually or always targeting these groups for evaluation (See Table 18). Parents and family members were the usual target for evaluation efforts in just over one third of the UAPs. Other training participant groups such as administrators, persons with developmental disabilities, students and policy makers were less common targets of evaluation efforts.

Table 18
Targets of evaluation efforts

Agency/Group	Usually or Always	Sometimes	Never
Professionals	64.1%	30.8%	5.1%
Direct care workers	56.4%	30.8%	12.8%
Parents and family members	38.5%	53.8%	7.7%
Administrators	28.2%	59.0%	12.8%
Persons with DD	25.6%	46.2%	28.2%
Local UAP personnel	25.6%	38.5%	35.9%
Students	23.1%	59.0%	17.9%
Policy makers	20.5%	56.4%	23.1%
General public	7.7%	38.5%	53.8%
Other	5.1%	2.6%	92.3%

Strategies for evaluating training. While there are many different ways to evaluate training effectiveness, the UAPs in this survey were most likely to use participant opinion surveys or the UAP workshop evaluation to evaluate their efforts (See Table 19). More intensive assessment of the quality of materials (such as content analysis), and more comprehensive assessments of learner competence using observation, written testing, or competency testing, were less commonly used. Although the more intensive and comprehensive strategies take more time and energy to complete, the information they yield may warrant more extensive use. Those more comprehensive strategies would enable the OTD to determine whether the training was producing its intended direct impact on the training participants. However, the need for evaluation extends even beyond adequately measuring whether participants learned the material. The true test of the usefulness of training is whether the people who participated in training actually changed their behavior in ways that improved the quality of services provided to persons with developmental disabilities. Of the strategies in the survey only observation of trainees in site visits, and content analysis of service documents even begin to assess this type of information. Neither of these strategies were commonly used by the UAPs surveyed.

Table 19
Strategies for evaluating outreach training

Strategy	Usually or Always	Sometimes	Never
Participant opinion surveys/interviews	94.9%	5.1%	0.0%
UAP workshop evaluation	51.3%	35.9%	12.8%
Content analysis of training materials	17.9%	38.5%	43.6%
Observation of trainees/ site visit	12.8%	59.0%	28.2%
Written test of knowledge acquisition	10.3%	64.1%	25.6%
Competency testing of participants	7.7%	71.8%	20.5%
Observation of training session by evaluator	7.7%	46.2%	46.2%
Cost analysis	5.1%	38.5%	56.4%
Group process (e.g., delphi technique)	5.1%	43.6%	51.3%
Content analysis of service documents (e.g., IEP, IFSP, IHP) or other trainee products	0.0%	51.3%	48.7%

Staffing Patterns for Outreach Training

UAPs use a variety of strategies to structure the roles of the Outreach Training Director, and to fund the Outreach Training Director's activities. This section examines these strategies, and then examines how UAPs that use different strategies vary in their outreach training activities and outcomes.

Roles of the Outreach Training Director

Meetings of the AAUAP National Outreach Training Directors' Council have provided excellent opportunities for networking among OTD's. However, it has become clear that many different approaches are used to structure UAP outreach training activities. This can be seen by examining the level of involvement OTD's had in each of the five categories of outreach training activities: planning, coordinating, conducting, financing, and evaluating.

The survey clearly showed that responsibilities for these activities are shared by OTDs with other UAP staff (See Table 20). In fact, between 80% and 90% of UAPs have more than one person responsible for each phase. The OTD has overall coordination responsibilities for these activities in 50% to 60% of the UAPs, and sole responsibility for these activities in 3% to 8% of the UAPs. As important as systematic training efforts are to the mission of UAPs, between 16% and 29% of UAPs did not have a single person responsible for coordinating activities in these five areas.

Staffing Patterns

University Affiliated Programs use many approaches to allocating personnel resources for outreach training. Of the UAPs in this survey, 48.7% had at least one position that was funded solely for outreach training. Table 21 shows the mean number of people and positions funded in each job classification. In all, 18 UAPs funded one or more faculty members, 14 UAPs funded one or more staff members, 3 UAPs funded one or more students, and 9 UAPs funded one or more clerical staff members for outreach training activities. An average of 2.64 people received total or partial funding specifically to conduct outreach training activities. The average UAP allocated 1.24 full time equivalent (FTE) positions to outreach training activities.

Table 20
Roles of Outreach Training Directors in various UAP outreach training efforts

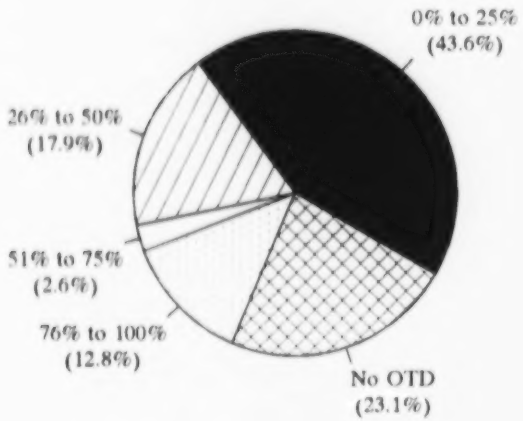
Level of Involvement	Planning	Coordinating	Conducting	Financing	Evaluating
This phase does not occur within my UAP	2.6%	2.6%	0.0%	0.0%	0.0%
I am not involved with this phase	0.0%	7.7%	2.6%	5.3%	2.6%
I am kept aware of activities associated with this phase	5.1%	10.3%	5.3%	7.9%	2.6%
I am one of many person responsible for this phase (No one serves as coordinator)	15.4%	15.4%	28.9%	21.1%	18.4%
I am one of many person responsible for this phase (Someone else serves as coordinator)	7.7%	7.7%	10.5%	10.5%	18.4%
I am one of many person responsible for this phase (I also serve as overall coordinator)	61.5%	51.3%	50.0%	50.0%	50.0%
I am solely responsible for this phase	7.7%	5.1%	2.6%	5.3%	7.9%

Table 21
Mean number of people funded (in whole or part) for outreach training (N = 36)

Classification	Number of people	Number of FTE positions
Faculty	1.13	.47
Staff	1.01	.52
Students	.15	.10
Clerical	.40	.13
Total	2.64	1.24

While 25 UAPs funded one or more people to provide outreach training, and while the average UAP funds 1.24 FTE for outreach training, only one-third of the UAPs surveyed funded an Outreach Training Director more than 25% time to coordinate and conduct outreach training activities (see Figure 4). This suggests that most of the outreach training activities conducted or coordinated by UAPs are carried out by people other than the OTD. A small proportion of UAPs (12.8%) had full-time OTDs. The major question raised by this finding is whether OTDs are funded at a level that will enable them to adequately carry out the outreach training tasks they are responsible for.

Figure 4
Proportion of OTD funded for outreach training activities



Differences Between UAPs

This section examines whether the variations in outreach training activities of UAPs were related to the funding strategies used by those UAPs. Of the three variables that might have been used to test differences among UAPs (the presence of an Outreach Training Director, funding of one or more positions solely for outreach training activities, and the number of FTE's allocated to outreach training), the funding question had the highest response rate (100%) and was best suited to inferential statistics because 19 UAPs funded one or more positions and 20 did not. The hypothesis tested is that UAPs that actually fund a position for outreach training will train more participants, more efficiently, and will have a more highly structured system for outreach training.

One-way analysis of variance procedures were used to test the differences between UAPs with and without a position funded solely for outreach training for continuous dependent variables. Chi-square analyses were used for dependent variables with categorical data. Some results were as expected while others were not (See Table 22). As expected, the UAPs with a position funded solely for outreach training trained significantly more persons in a year (about twice as many), and provided substantially more hours of training than those who did not have such a position. Somewhat surprising was the finding that no significant differences were detected in the number of people funded for outreach training, or the number of full-time equivalent positions funded for outreach training. The differences in the percent time the OTD is funded for outreach training activities were also not statistically different. Interestingly, however, even in UAPs that funded a position for outreach training, more that half of the OTDs were funded 50% time or less for outreach training. This suggests that someone other than the OTD was the person funded solely for outreach training. The final finding was that whether the outreach training activities were self-supporting or not was not associated with whether a position funded solely for training existed. These findings suggest that the number of hours of outreach training provided, and the number of people trained are related to the presence of a position that is solely funded for outreach training activities. However, it is not possible to know whether funding a position caused UAPs to train more people, or whether training more people pushed UAPs to fund positions solely to provide outreach training.

Table 22
Characteristics of UAPs with and without a position funded solely for outreach training

Characteristic		With position (N = 19)	Without position (N = 20)	F
No. of trainees	(M)	10,833.8	5,936.3	6.83*
	(SD)	5,966.4	5,277.4	
Hours of training	(M)	1,997.4	888.1	8.69**
	(SD)	1,552.4	592.5	
N people funded for outreach training	(M)	3.3	2.0	0.92
	(SD)	3.9	4.6	
FTE funded for outreach training	(M)	2.0	.6	3.14
	(SD)	3.3	1.3	
Percent time OTD is funded				
No OTD		3	6	8.59[1]
0%-25%		6	11	
26%-50%		4	3	
51%-75%		1	0	
76%-100%		5	0	
OT activities self-supporting	yes	5	7	0.34[1]
	no	14	13	

* $p < .05$, ** $p < .01$
[1]Chi-square

Primary Training Audiences

Characteristics and Roles of the Primary Training Audiences

Background Information

Since many different organizations and professionals provide services to each person with a disability, cooperation and coordination among them is essential (Kokaska & Brolin, 1985; Moon, 1984; Mori, et al., 1982). Professionals must demonstrate the skills to work cooperatively with a variety of agencies and disciplines (Everson, Barcus, Moon & Morton, 1987; Renzaglia, 1986). Communication between home and school and/or community service providers is also fundamental to the successful delivery of services to persons with disabilities (Haring, 1982; Mori, et al., 1982; Wehman, Kregel & Barcus, 1985). An interdisciplinary philosophy must be maintained throughout training content and strategies provided and coordinated by UAP Outreach Training Directors. This survey examined these issues by examining the variation in types of people in the training audience.

Results and Discussion

The questions in this section identified the primary target audiences for training, examined the involvement of types of people in various aspects of training, and reviewed the involvement of several types of agencies in various aspects of training. The questions examine the extent to which people who have vested interests in training participate in the training process used by UAPs.

Primary target audiences. Unlike pre-service training which is focused primarily on a single well-defined group (i.e., students), outreach training activities have many potential target audiences depending on the focus and expertise of a particular UAP. An important issue for UAPs is whether to focus on persons with college degrees who are in professional, administrative, or policy making positions, or whether to target direct service staff members from a variety of settings. The UAPs responding to this survey all included professionals as a primary or secondary training audience (See Table 23). Paraprofessionals were targeted often as well (they were a primary target audience for 80% of the UAPs), but not as often as professionals. The other common target audience was parents and family members of persons with developmental disabilities. About half of the UAPs targeted administrators or policy makers as a primary audience. Only a few UAPs specifically targeted members of the general public for outreach training efforts.

Table 23
Primary training audiences for outreach training efforts

Agency/Group	Priority		
	Primary	Secondary	Not
Professionals	94.9%	5.1%	0.0%
Direct care workers	79.5%	12.8%	7.7%
Parents and family members	74.4%	23.1%	2.6%
Administrators	59.0%	35.9%	5.1%
Students	43.6%	46.2%	10.3%
Policy makers	41.0%	56.4%	2.6%
Persons with DD	23.1%	64.1%	12.8%
Local UAP personnel	20.5%	61.5%	17.9%
General public	12.8%	66.7%	20.5%
AAUAP personnel	0.0%	33.3%	66.7%

Two other characteristics of the target audiences were identified, the settings they come from and the age groups they typically serve. The most common settings represented among recipients of outreach training activities were

work/day activity settings (71.8%), home/residential settings (66.7%), and schools (59.0%) (See Table 24). While all age groups were represented, staff working with school and transition age persons (ages 6 to 21) were somewhat more common (See Table 25). Fewer training recipients served persons who were elderly. In fact, 59% of the UAPs surveyed never provided training to persons serving elderly persons with developmental disabilities. Considering that the average life expectancy for persons with down syndrome, one of the most common causes of developmental disabilities, has increased from 18.3 years in 1963 to 55 years in 1993 (Adlin, 1993), it is clear that the need to train community agency staff to meet the needs of older persons are increasing. UAPs that wish to be responsive to these changing demographics will need to devote increased resources to the training needs of those staff members.

Table 24
Environments from which training participants are usually drawn

Setting type	Staff working with ages 0-21	22+	all	Total
Work/day activity	20.5%	12.8%	38.5%	71.8%
Home/residential	23.1%	7.7%	35.9%	66.7%
School	56.4%	0.0%	2.6%	59.0%
Medical/therapy	20.5%	5.1%	17.9%	43.6%
Recreation	10.3%	12.8%	5.1%	28.2%

Table 25
Ages served by outreach training participants

Age group	% of UAPs
Preschool	59.0%
School Age	64.1%
Transition Age	66.7%
Adult	53.8%
Elderly	41.0%

Participation by primary training audiences in training activities. Outreach Training Directors and other UAP staff members bear the primary responsibility for planning, conducting and evaluating outreach training activities. But those activities do not occur in a vacuum. Many stakeholders have interests in these activities. In this survey, OTD's indicated which stakeholders were usually or always involved in various components of the training process. One way this information was analyzed was through participant indices. These indices were developed by combining the ratings of how frequently a group was involved in each area of training (e.g., "usually or always" = 2, "sometimes" = 1, "never" = 0). The areas of involvement varied slightly across the groups of people, but all groups included planning training, needs assessment, and conducting training (See Table 26). The scores for each type of involvement were summed and the result was divided by the number of categories for that group. The resulting scores ranged from 0 to 2 with 2 meaning the group was usually or always involved in all aspects of training and 0 meaning the group was never involved in any of the areas of training.

Table 26
Definition of participation indices

Area of Involvement	Consumers	Families	Students	State Gvt	Local Gvt	DD Council	Providers
Planning training	X	X	X	X	X	X	X
Needs identification	X	X	X	X	X	X	X
Agency plans considered				X	X	X	
Conducting training	X	X	X	X	X	X	X
Hosting training							X
Designing evaluations	X	X	X				
Funding training				X	X		
Total # of Categories	4	4	4	5	5	4	4

The participation scores for each group were averaged for all UAPs. The results are shown in Table 27. Persons from State governmental agencies, DD councils, and provider agencies or schools were most likely to participate in the various components of training done by UAPs, while students and persons with developmental disabilities were least likely to be active participants. The participation indices were also

Table 27
Degree of participation in training

Group	Mean	SD
Students	.82	.44
Consumers	.92	.45
Local government	1.13	.47
Families	1.14	.44
Provider Agencies/schools	1.34	.43
DD Council	1.39	.50
State government	1.51	.36

examined to determine whether the level of involvement by one group was related to levels of involvement of other groups (See Table 28). A correlational analysis indicated an interesting pattern of relationships. University Affiliated Programs that were likely to include persons with disabilities in various aspects of outreach training were also likely to include students and family members. Involvement by local governmental agencies was positively correlated with the involvement of consumers, families, students, and State governmental agencies. Involvement by providers was positively related to involvement by the DD councils and families. Except for local government agencies, the involvement of State agencies was unrelated to that of other groups. Perhaps this has to do with the overall high level of involvement by State agencies compared to the level of involvement by any other group. This pattern of relationships suggest the level of inclusiveness by UAPs in the outreach training process is an all or nothing affair for certain groups. Either consumers, family members and students are all involved, or none of them are consulted when training activities are planned and carried out.

Involvement by consumers, families and direct service staff members. A recent issue of the research to practice publication, *IMPACT*, focusing on training for direct service staff members pointed out the importance of including those impacted by training in planning and conducting training (Wallace, Larson & Hewitt, 1992). Persons with developmental disabilities, their parents and family members, and the staff members who work directly with them are among those who are heavily influenced by the quality and comprehensiveness of training provided by UAPs. As Table 29 shows, however, their participation in the activities of the OTD's were not extensive. While parents were considered a primary target audience for outreach training efforts in 74% of the UAPs, they usually or always participated in needs assessment and planning in only 40% to 50% of the UAPs. Consumers, who were considered a primary target audience for 23% of the UAPs, and who are arguably the most important persons for measuring the impact of training were typically involved in planning and needs identification in only about a third of the UAPs. None of these groups were typically included in conducting or evaluating the training activities of those UAPs (although many UAPs indicated that they sometimes participated in those activities).

Table 28
Correlations between participation indices

Area of Involvement	Families	Students	State Gvt	Local Gvt	DD Council	Providers
Consumers	.69**	.67**	.11	.52*	.36	.37
Families		.68**	.30	.49*	.33	.47*
Students			.01	.43*	.28	.37
State government				.48*	.30	-.01
Local government					.29	.25
DD Council						.55**

* $p < .01$, ** $p < .001$

Table 29
Percent of UAPs usually or always involving consumers, families and direct service staff in outreach training coordination activities

Area of Involvement	Consumers	Families	Direct service staff
Planning training	28.2%	41.0%	-
Needs identification	34.2%	50.0%	-
Conducting training	0.0%	10.5%	2.6%
Designing evaluations	7.7%	15.4%	15.4%

Involvement by professionals, administrators and students. Another set of stakeholders who are influenced by UAP outreach training activities are current and future professionals and administrators. As Table 23 noted, professionals were almost always a primary audience for outreach training activities. It is not surprising, then, that they were often involved in conducting training and designing evaluations of training efforts (See Table 30). However, while administrators and students were also typical training recipients, they were much less likely to be included in planning activities. The lack of involvement by students, while not unexpected, is somewhat discouraging. Students receiving pre-service training from UAPs, especially those at the graduate level, are often the future professionals and administrators who will be called upon to provide training to a variety of audiences after graduation. UAP personnel are among the most prolific trainers in the field of developmental disabilities. A great opportunity to provide comprehensive training on how to provide outreach training is missed when students are not regular active participants in all components of UAP outreach training efforts. Likewise, the lack of involvement by administrators in conducting and evaluating training is also discouraging. Administrators are in a position to coordinate and facilitate assessment of training impact (both on job performance and on consumer outcomes) in their agencies. Their involvement is essential for analyzing the implications of the evaluation results to guide future training efforts.

Table 30
Percent of UAPs usually or always involving professionals, administrators, and students in outreach training coordination activities

Area of Involvement	Profes-sionals	Admin-istrators	Students
Planning training	-	-	23.1%
Needs identification	-	-	13.2%
Conducting training	89.5%	5.2%	0.0%
Designing evaluations	69.2%	23.1%	7.7%

Agency involvement in various training activities. Another set of stakeholders who have extensive interests in the training provided by UAPs are the agencies who plan and fund services for persons with developmental disabilities. State and local government agencies and State DD councils have a vested interest in the type and quality of training provided by UAPs. To the extent that these agencies work together with the UAP to plan and fund training, that training can be geared to meet the goals and objectives of both the UAP and of the administrative agencies for developmental disabilities. In more than 50% of the UAPs surveyed, the plans of the administrative agencies are usually or always considered when planning training (See Table 31). About 50% of the UAPs involve State agencies and DD councils in most areas of planning for training. Local governmental agencies are usual participants in about a third of the UAPs surveyed.

Table 31
Involvement by State and local government agencies and DD councils in outreach training activities: Percent of UAPs usually or always involving these groups

Area of Involvement	State Agencies	Local Govt	DD Council
Planning training	53.8%	35.9%	43.6%
Agency plans considered by UAP	61.5%	56.4%	53.8%
Needs identification	55.3%	28.9%	50.5%
Conducting training	42.1%	23.7%	7.9%
Funding training	64.1%	20.5%	-

Agencies providing direct supports or services to persons with developmental disabilities and their families also have a vested interest in the availability of applicable outreach training. About half of the UAPs recognized the interests of provider agencies and schools in outreach training activities. About a third usually or always included advocacy organizations in those activities. Local businesses and providers of generic services were rarely included in outreach training activities. While those groups may not fit the historical model of outreach training participants, the Americans with Disabilities Act, and the revisions of the Rehabilitation Act make training for these groups an increasingly important issue. UAPs should carefully consider the extent to which they can reach out to these groups in their outreach training.

Table 32
Involvement by local provider agencies, advocacy agencies, and businesses in outreach training: Percent of UAPs usually or always involving these groups

Area of Involvement	Provider Agencies/ Schools	Advocacy Org.	Businesses
Planning training	53.8%	38.5%	0.0%
Needs identification	50.0%	36.8%	0.0%
Conducting training	42.1%	31.6%	2.6%
Hosting training activities	47.4%/23.7%	-	-

Study Limitations

This survey represents an initial attempt to define the roles that Outreach Training Directors play in University Affiliated Programs throughout the country. It provides extensive descriptive information about those roles. However, several cautions should be heeded in interpreting the implications of this information. Foremost among these is a caution about the precise accuracy of the information. In agencies that are providing thousands of hours of training to tens of thousands of persons every year, the likelihood that any one person will be completely aware of all of the outreach training activities is slim. Even among the UAPs with full-time staff dedicated to outreach training activities, some of the questions on this survey may have been difficult to answer with complete accuracy. Another caution is that only 78% of the 50 UAPs that were in existence at the time completed the survey. Although this is a typical response rate for a survey, the impact of missing information from nearly a quarter of the UAPs is unknown. Furthermore, several new UAPs have begun since the time of this survey. The characteristics of those UAPs are not reflected here. Finally, in the 18 months since this survey was completed, these UAPs have undoubtedly changed in response to the ongoing changes in the field of developmental disabilities, changes in Federal and State priorities, and changes in personnel. Additional study will be needed to clarify, refine, and increase the precision of information about current UAP outreach training efforts.

Recommendations

Based on the findings of this survey, several strategies may prove useful in the development and implementation of outreach training activities. In response to these findings, UAPs should consider the following actions:

1) Increase the involvement of persons with developmental disabilities, their parents, and direct service staff members in identifying training needs and planning training activities. Persons with developmental disabilities and their family members can offer valuable insight into the training needs of people who provide supports or services to them. Direct service staff members can provide insight into the training they feel they most need. This information can be combined with information from other sources to determine strategies to best meet their training needs.

2) Increase collaborative efforts with community and technical colleges in all phases of training to increase access to training for persons who do not have college degrees and to promote the development or enhancement of career ladders. Identify the types of credit that the primary training audiences need, and work with the appropriate agencies to make that credit available to participants in UAP outreach training efforts. These efforts are critical in the 80% of UAPs who consider direct service staff members a primary training audience.

3) Increase the diversity of people who usually provide outreach training. Persons with developmental disabilities and their families should play a more prominent role in the delivery of outreach training. While most UAPs surveyed sometimes included these people in providing outreach training, the value of their perspective cannot be underestimated. Likewise, the input that policy makers can provide to training recipients should not be ignored.

4) Increase attention to avoid duplication of training efforts. UAPs should pay closer attention to the availability of training from other sources when developing training programs. While almost all of the UAPs surveyed considered this factor in planning training, it was only a secondary consideration for more than 40% of them. When resources for training efforts are limited, avoiding duplication of efforts should be a primary concern. UAPs should also network with

other UAPs and training organizations to locate available training materials so that duplication of effort can be minimized when selecting topics on which to develop written materials. This will free up resources to actually deliver training, or to develop materials on topics for which few materials currently exist.

5) Modify evaluation strategies to make them more responsive to measuring the impact of training on participants, and the impact of training participants on outcomes for persons they support. These modifications should include increased use of evaluation strategies that directly assess changes in competency of participants due to the training efforts. They should also include increased use of evaluation strategies that focus on outcomes for persons with developmental disabilities and their family members. Finally, these modifications should be done with increased involvement by persons with developmental disabilities and their family members in the evaluation planning process. This will promote the identification of outcomes that are most important to assess.

6) Considering the scope of the duties to be fulfilled by Outreach Training Directors, and the importance of outreach training for furthering the transition from segregated to more inclusive services, UAPs should reconsider the resources allocated specifically to outreach training activities. Of particular importance are the resources allocated to the Outreach Training Director. According to this survey, OTDs had primary or sole responsibility for coordinating all aspects of outreach training in 50 to 70% of the UAPs, but very few UAPs provided more than 25% funding for this position. Also important is the allocation of funding for a person whose sole responsibility is outreach training. UAPs with such persons reached many more outreach training participants than those that did not provide such a person.

7) Increase attention to training participants who provide supports or services to adults and older persons with developmental disabilities. Many UAPs never provided outreach training to people in these groups despite the growing number of adults and older persons with developmental disabilities who live, work, and recreate in our communities.

8) Increase the involvement of all stakeholders in all aspects of outreach training activities. While many stakeholder groups should be considered, of particular importance are consumers, parents and family members, students, and community members. The involvement by students in the outreach training delivery process should also be increased so that they will leave the UAP able to train others. Finally, UAPs should consider the potential value of including the business community and general public in outreach training.

Conclusions

Clearly, UAPs are responding to the need for outreach training for community service providers. Although Outreach Training Directors and their UAPs take a variety of approaches to accomplishing their task, much quality work is being done. However, as this report shows, there are areas in which modifications in strategy might increase the likelihood that the goals of outreach training can be achieved.

The need for outreach training for persons working in community service programs has increased dramatically in recent years because of changes in the philosophy and values guiding those services. The shift in the locus of those services to more inclusive community settings has placed higher demands on staff in those programs, and has produced a need for systematic retraining of persons who initially began working in the field when a more segregated focus was the norm. Whether they are administrators, program supervisors, direct service staff, professionals, family members, or persons with developmental disabilities, these individuals need more and different information about changing services and supports. University Affiliated Programs and their Outreach Training Directors have a critical role in meeting those needs.

UAP Outreach Training Directors assist State agencies and community service providers to identify training needs, leverage resources to meet those needs, plan and implement interdisciplinary training, and evaluate training outcomes. It is clear by the number and diversity of the individuals and agencies involved in outreach training efforts, the diversity of strategies used to

plan, implement, and evaluate training, and the diversity in staffing strategies used by UAPs to carry out outreach training activities that UAPs are working hard to respond to the need for outreach training in their communities. Given the resources allocated specifically to outreach training, the number of people trained and the variety of strategies used is remarkable. However, as this report shows, there are areas in which modifications in the strategies used might improve the outcomes of outreach training efforts. Those modifications include: increasing involvement of a broad range of stakeholders in all aspects of outreach training, increasing collaboration with community and technical colleges, avoiding duplication of training efforts, increasing the responsiveness of evaluation efforts to the impact of training on participants and the persons they support, reconsidering the UAP resources allocated to outreach training, and increasing training for participants who provide supports to adults or older persons with developmental disabilities. Implementation of these suggestions could enhance the quality of UAP outreach training efforts.

References

Adlin, M. (1993). Health issues for aging persons with down syndrome. In D. Anderson, B. Polister, E. Kloos, T. Heller, & R. Roberts (Eds.). *IMPACT: Feature issue on aging and developmental disabilities* (p. 20). Minneapolis: University of Minnesota, Institute on Community Integration.

Anderson, T.K., & Kratochwill, T. R. (1988). Dissemination of behavioral procedures in the schools: Issues in training. In J. C. Witt, S. N. Elliot, & F. M. Gresham (Eds.). *Handbook of behavior therapy in education*. New York: Plenum Press.

Barcus, M., Everson, J. M., & Hall, S. (1987). Inservice training in human service agencies and organizations. In J. M. Everson, M. Barcus, M. S. Moon & M. V. Morton (Eds). *Achieving outcomes: A guide to interagency training in transition and supported employment* (pp.). Richmond, VA: Virginia Commonwealth University.

Bassin, J. J., & Hanks, M. (1992). Cooperative training efforts: A county board and community college. In T. Wallace, S. Larson & A. Hewitt (Eds.). *IMPACT: Feature issue on Direct Service Staff* (p. 18). Minneapolis: University of Minnesota, Institute on Community Integration.

Bernstein, G. S., & Ziarnik, J. P. (1982). Proactive identification of staff development needs: A model and methodology. *Journal of the Association for Persons with Severe Handicaps, 8*, 97-103.

Bradley, V. (1990). Quality assurance: Challenges in a decentralized system. In R. L. Schalock (Ed.). *Quality of life: Perspectives and issues* (pp. 215-225). Washington, D.C.: American Association on Mental Retardation.

Buckley, J., Albin, J. M., & Mank, D. M. (1985). Competency-based staff training for supported employment. In G.T. Bellamy, L.E. Rhodes, D.M. Mark & J.M. Albin (Eds.). *Supported employment* (pp. 230 -245). Baltimore: Paul H. Brookes.

Conroy, J. W., & Feinstein, C. S. (1990). Measuring quality of life: Where have we been? Where are we going? In R. L. Schalock (Ed.). *Quality of life: Perspectives and issues* (pp. 227-233). Washington, D.C.: American Association on Mental Retardation.

Davidson, P.W., & Adams, E. (1989). Indicators of impact of services on persons with developmental disabilities: Issues concerning data collecting mandates in P.L. 100-146. *Mental Retardation, 27*, 297-304.

Davidson, P.W., & Fifield, M.G. (1992). Quality assurance and impact measurement of University Affiliated Programs. *Mental Retardation, 30*, pp. 205-215.

Dufresene, D. F. (1990). The role of service providers in quality assurance. In V. J. Bradley & H. A. Bersani (Eds.). *Quality assurance for individuals with developmental disabilities: It's everybody's business* (pp. 137-146). Baltimore: Paul H. Brookes.

Ellson, L., Erickson, R., Johnson, D. R., Krawetz, N. L., McGlasson, L., Price, L. A., Starr, R., Thompson, J. A., & Wallace, T. (1992). *Transition to adult life for individuals with disabilities: Print and media resources.* Minneapolis: University of Minnesota, College of Education, Institute on Community Integration (UAP).

Everson, J. M., Barcus, M., Moon, M. S., & Morton, M. V. (Eds.). (1987). *Achieving outcomes: A guide to interagency training in transition and supported employment.* Richmond, VA: Virginia Commonwealth University.

Farlee, C. (1976). *Descriptive statements, factual profiles and summary tables documenting the present status of University Affiliated Facilities concerned with developmental disabilities.* Silver Spring, MD: American Association of University Affiliated Programs for Persons with Developmental Disabilities.

Feldman, M. A., & Dalrymple, A. J. (1984). Staff training using instructional and management strategies: A review of the literature. In J. M. Berg (Ed.). *Perspectives and progress in mental retardation, 1*, 331-341.

Goldstein, I.L. (1993). *Training in organizations* (3rd ed.). Pacific Grove, CA: Brooks/Cole Publishing Company.

Haring, N. (1982). Review and analysis of professional preparation the severely handicapped. In B. Wilcox & R. York (Eds.), *Quality education for the severely handicapped* (pp. 180-201). Falls Church, VA: Counterpoint Handcrafted Books.

Healy, A. & Bacon, R. (1990). Interdisciplinary training. In R. Bacon, D. Braddock, M. G. Fifield, G. S. Golden, M. J. Guralnick, A. Healy, & D. M. Spitalnik, (Eds.). *Technical manual on University Affiliated Program core functions.* Baltimore, MD: American Association of University Programs for Persons with Developmental Disabilities.

Inge, K.J., Barcus, J.M. & Everson, J.M. (1988). Developing inservice training programs for supported employment personnel. In P. Wehman, & S. Moon (Eds.). *Vocational rehabilitation and supported employment.* Baltimore, MD: Paul H. Brookes.

Kazdin, A. E., (1984). Staff training and technique variations to enhance client performance. *Behavior modification in applied settings* (pp. 169-192). (3rd Ed.). Homewood, IL: The Dorsey Press.

Kirkpatrick, D.L. (1960). Techniques for evaluating training programs. *Journal of the American Society of Training Directors, 14*, 13-18, 28-32.

Kokaska, C., & Brolin, D. (1985). *Career education for handicapped individuals* (2nd ed.). Columbus, OH: Charles E. Merrill.

Lakin, K. C., Larson, S. A., & Prouty, R. (in press). Assessment and enhancement of quality in services for persons with mental retardation and other developmental disabilities. In M. F. Hayden & B. Abery (Eds.). *Challenges for a service system in transition: Ensuring quality community experiences for persons with developmental disabilities.* Baltimore: Paul H. Brookes.

Larson, S. A., & Hewitt, A. (1992). *Training of community residential direct service personnel: Training materials resource list.* Minneapolis: University of Minnesota, Research and Training Center on Residential Services and Community Living.

Larson, S. A., Hewitt, A., & Lakin, K. C. (in press). Residential services personnel: Recruitment, training and retention. In M. Hayden & B. Abery (Eds.). *Challenges for a service system in transition: Ensuring quality community experiences for persons with developmental disabilities.* Baltimore: Paul H. Brookes.

Levine, E.L. (1983). *Everything you always wanted to know about job analysis.* Tampa, FL: Mariner.

Mayo, L.W. & Tarjan, G. (1962). *Report to the president: A proposed program for national action to combat mental retardation.* Washington D.C.: U.S. Government Printing Office.

McCormick, L., Cooper, M., & Goldman, R. (1979). Training teachers to maximize instructional time provided to severely and profoundly handicapped children. *AAESPH Review, 4*, 301-310.

Middendorf, K. L. (1992). From vision to reality: The UAP role in training of direct service staff. In T. Wallace, S. Larson & A. Hewitt (Eds.). *IMPACT: Feature issue on Direct Service Staff* (p. 16). Minneapolis: University of Minnesota, Institute on Community Integration.

Moon, S. (1984). *Project transition into employment.* Grant proposal funded by the Office of Special Education and Rehabilitative Services, Special Education Programs, U.S. Department of Education, Grant No. G008430058.

Mori, A., Rusch, F., & Fair,G. (1982). *Vocational education for the handicapped: Perspectives on special populations/severely and moderately handicapped* (Personnel Development Series: Document 1). Champaign, IL: University of Illinois, Office of Career Development for Special Populations.

National Information and Reporting Systems (1991). *UAP network: NIRS data reference guide - 1991.* Silver Spring, MD: American Association of University Affiliated Programs for Persons with Developmental Disabilities.

Pickett, A. L. (1989). *Restructuring the schools: The role of paraprofessionals.* Washington D.C.: National Governor's Association, Center for Policy Research.

Renzaglia, A. (1986). Preparing personnel to support and guide emerging contemporary service alternatives. In F. Rusch (Ed.), *Competitive employment issues and strategies* (pp. 303-315). Baltimore, MD: Paul H. Brookes.

Semmel, M. I., & Elder, J. K. (1986). A national network of University Affiliated Facilities for interdisciplinary training, exemplary service, dissemination, and research for persons with developmental disabilities. *Journal of the Association for Persons with Severe Handicaps, 11*, 232-239.

Sigafoos, J., & Linz, M. (1989). *Behavior management for direct care staff serving persons with developmental disabilities: A review of inservice training materials.* Minneapolis: University of Minnesota, Institute on Community Integration (UAP).

Swanson, R.A. (1982). Content analysis: Beyond job and task analysis. In V. J. Bradley & Friedenberg (Eds.), *Vocational-technical education for the eighties* (pp. 53-87). Miami, FL: International Dynamics.

Swanson, R.A., & Gradous, D. (1986). *Performance at work.* New York: John Wiley & Sons.

Tannebaum, S.I. & Yukl, G. (1992). Training and development in work organizations. *Annual Review of Psychology, 43*, 399-441.

Templeman, T. P., & Peters, J. M. (1992). Training for impact. In T. Wallace, S. A. Larson, & A. Hewitt (Eds.). *IMPACT: Feature issue on training of direct service staff, 5* (1), 8-9. Minneapolis: University of Minnesota, Institute on Community Integration.

Vassiliou, D. (1992). The North Dakota statewide MR/DD staff training program. In T. Wallace, S. Larson & A. Hewitt (Eds.). *IMPACT: Feature issue on Direct Service Staff* (p. 17). Minneapolis: University of Minnesota, Institute on Community Integration.

Wallace, T. & Johnson, D.R. (1992). Training challenges for the 1990s. In T. Wallace, S. A. Larson, & A. Hewitt (Eds.). *IMPACT: Feature issue on training of direct service staff, 5* (1), 1, 22-23. Minneapolis: University of Minnesota, Institute on Community Integration.

Wallace, T., Larson, S. A., & Hewitt, A. (Eds.). *IMPACT: Feature issue on training of direct service staff, 5* (1). Minneapolis: University of Minnesota, Institute on Community Integration.

Wallace, T., Johnson, D. R., & Erickson, R. (1990). *Print and media resources for supported employment personnel.* Minneapolis, MN: University of Minnesota, Institute on Community Integration (UAP).

Wehman, P., Kregel, J. & Barcus, M. (1985). School to work: A vocational transitional model for handicapped youth. In P. Wehman, & J. Hill (Eds.), *Competitive employment for persons with mental retardation: From research to practice* (pp. 169-196). Richmond, VA: Virginia Commonwealth University, RRTC.

Ziarnik, J. P., & Bernstein, G. S. (1984). Effecting change in community-based facilities: Putting staff training in perspective. *The Behavior Therapist, 7*, 39-41.

Appendix A

UAP Outreach Training Survey

UAP Outreach Training Survey

In an effort to identify UAP outreach training processes and activities, we are asking you to complete the following survey. The survey has five sections, they are: planning, training activities, training products, funding, and evaluation. We are interested in outreach training activities across your UAP, but we are also including questions in each section which ask you to define the role of the outreach training director in your UAP. We realize that outreach training procedures, processes, and activities differ greatly from UAP to UAP and, therefore, we expect a variety of responses from you. If we failed to consider a response appropriate to your needs, please be sure to list a more appropriate response in the *other* category. We should learn a great deal from one another through the outcomes of this survey. The preliminary results will be shared with you at the National Outreach Training Directors Council (NOTDC) meeting in Texas in October.

For the purposes of this survey we are defining *outreach training* as interdisciplinary training which occurs with individuals off campus. Often those individuals are employed and are not currently in a formal acedemic program. *Technical assistance* is direct problem-solving services provided by the UAP to assist people, programs, and agencies in improving their services, management or policies.

As you complete this survey please consider all outreach training activities of your UAP. Please notice the directions for each item which are in *italics* following the item. **Thank you for your time.**

Respondent Information

Name: _____
Title: _____
UAP: _____
Telephone Number: _____

Are you the outreach training director for your UAP? *(choose one)*

☐ Yes
☐ No, but I am designated to attend the National Outreach Training Directors Council meeting
☐ No, no one at this UAP has that designation

Organizational Structure

This section attempts to identify how your UAP organizes to provide outreach training.

1. How long have you been in your current position as outreach training director? *(identify one number, not a range of numbers)*

_____ years _____ months

☐ Not applicable

2. How long has your UAP had an outreach training director? *(identify one number, not a range of numbers)*

_____years

☐ Not applicable

3. Do you have any positions in your UAP solely funded for outreach training activities? *(choose one)*

☐ Yes ☐ No
☐ Not applicable

4. Please indicate the present number of persons and the number of full time equivalent (FTE) positions in your UAP that are funded for outreach training. *(this should include persons specifically assigned to outreach training as a UAP core responsibility, not persons assigned to training solely as part of a specific project activity)*

	Number of Persons	Number of FTE Positions
Faculty		
Staff		
Students		
Clerical Staff		

☐ Not applicable

5. What proportion of time is your outreach training director funded for UAP outreach training activities? *(choose one)*

☐ 0 - 25%
☐ 26 - 50%
☐ 51 - 75%
☐ 76 - 100%
☐ Not applicable

Planning and Needs Assessment

This section addresses the planning and needs assessment processes used by UAPs. *Planning* refers to the process of deciding who will be taught, where training will be provided, what topics will be covered, when training will be held, and how training sessions will be conducted. *Needs assessment* refers to the process of identifying training needs among identified target audiences.

6. Which agencies/individuals are involved in **planning** your outreach training activities? *(circle one response for each item)*

0=never, 1=sometimes, 2=usually or always

0 1 2 Advocacy Service Organizations
0 1 2 Commercial Business/Corporations
0 1 2 DD Council
0 1 2 Hospital/Physician Group
0 1 2 Institution of Higher Education
0 1 2 Local or State Government
0 1 2 Local Provider Agencies/Schools
0 1 2 Protection and Advocacy Agency
0 1 2 Professional Association
0 1 2 State Agencies
0 1 2 AAUAP Personnel, Boards, or Committees
0 1 2 General Public
0 1 2 Local UAP Personnel, Boards or Committees
0 1 2 Outreach Training Participants
0 1 2 Parents and Family Members
0 1 2 Persons with DD
0 1 2 Students
0 1 2 Other (Specify:)

7. What agencies/ individuals are involved in **identifying training needs** of persons who will recieive outreach training? *(circle one response for each item)*

0=never, 1=sometimes, 2=usually or always

0 1 2 Advocacy Service Organizations
0 1 2 Commercial Business/Corporations
0 1 2 DD Council
0 1 2 Hospital/Physician Group
0 1 2 Institution of Higher Education
0 1 2 Local or State Government
0 1 2 Local Provider Agencies/Schools
0 1 2 Protection and Advocacy Agency
0 1 2 Professional Association
0 1 2 State Agencies
0 1 2 AAUAP Personnel, Boards, or Committees
0 1 2 General Public
0 1 2 Local UAP Personnel, Boards or Committees
0 1 2 Outreach Training Participants
0 1 2 Parents and Family Members
0 1 2 Persons with DD
0 1 2 Students
0 1 2 Other (Specify:)

8. Which of the following strategies do you use to solicit information from sources other than outreach training participants regarding training needs for your outreach training audiences? *(choose all that apply)*

☐ Literature Reviews
☐ Group Processes (e.g., task force, delphi technique, nominal group process)
☐ Individual Data Collection (e.g., interviews, surveys)
☐ Other (Specify:)
☐ Not applicable

9. Which of the following strategies do you use to gather information from outreach training participants regarding training needs prior to the implementation of outreach training activities? *(check all that apply)*

☐ Job Analysis (e.g., identifying knowledge, skills, & abilities required to do the job)
☐ Potential Participant Opinion (e.g., attitude questionaire, surveys, checklists, interviews)
☐ Direct Assessment of Potential Participants (e.g., written tests, competency tests, observation/site visit)
☐ Results of Past Training Efforts (e.g., workshop evaluations, written tests, competency tests, observation/site visits)
☐ Other (Specify:)
☐ Not applicable

10. Which of the following are considered when determining what outreach training will be provided by your UAP? *(circle one response for each item)*

0=not considered, 1=secondary consideration, 2=primary consideration

0 1 2 Availability of Training from Other Sources
0 1 2 DD Council Plans
0 1 2 Federal Funding Priorities
0 1 2 Local Funding Priorities
0 1 2 Other Funding Agency Priorities
0 1 2 Requests for Training
0 1 2 State Agency Plans
0 1 2 UAP Goals and Objectives
0 1 2 Other (Specify:)

11. After needs assessment information is collected, how are your UAP outreach training goals and objectives determined? *(choose one)*

☐ we use only outreach training goals and objectives specific to our projects
☐ a task force identifies goals and objectives
☐ the UAP Director determines the goals and objectives
☐ the outreach training director determines goals and objectives
☐ the outreach training director, UAP staff members, project directors, students, and/or faculty jointly determine goals and objectives
☐ we do not have goals and objectives specific to outreach training
☐ Other (Specify:)

12. What is your level of involvement in **planning** outreach training activities (e.g., analyzing needs assessment data and determining goals and objectives for UAP outreach training)? *(choose one)*

- ☐ This phase does not occur within my UAP
- ☐ I am not involved with this phase
- ☐ I am kept aware of activities associated with this phase
- ☐ I am one of many persons responsible for this phase (I also serve as overall coordinator)
- ☐ I am one of many persons responsible for this phase (Someone else serves as coordinator)
- ☐ I am one of many persons responsible for this phase (No one person serves as coordinator)
- ☐ I am solely responsible for this phase

13. What is your level of involvement in **coordinating** outreach training activities (e.g., scheduling training sites, handling registration, writing consultant contracts, or ensuring these activities are completed)? *(choose one)*

- ☐ This phase does not occur within my UAP
- ☐ I am not involved with this phase
- ☐ I am kept aware of activities associated with this phase
- ☐ I am one of many persons responsible for this phase (I also serve as overall coordinator)
- ☐ I am one of many persons responsible for this phase (Someone else serves as coordinator)
- ☐ I am one of many persons responsible for this phase (No one person serves as coordinator)
- ☐ I am solely responsible for this phase

Training Activities

This section addresses the target audiences, topics, and formats of your outreach training activities.

14. Who conducts your outreach training activities? *(circle one response for each item)*

0=never, 1=sometimes, 2=usually or always

0 1 2	Students
0 1 2	Professionals
0 1 2	Direct Care Workers (Paraprofessionals)
0 1 2	Administrators
0 1 2	Parents and Family Members
0 1 2	General Public
0 1 2	Persons with DD
0 1 2	Policymakers
0 1 2	Mixed Community
0 1 2	AAUAP Personnel, Boards, or Committees
0 1 2	Local UAP Personnel, Boards, or Committees
0 1 2	Other (Specify:)

15. During the last three years which organizations have collaborated in conducting outreach training activities through your UAP? *(circle one response for each item)*

0=never, 1=sometimes, 2=usually or always

0 1 2	Advocacy Service Organizations
0 1 2	Commercial Business/Corporations
0 1 2	DD Council
0 1 2	Hospital/Physician Group
0 1 2	Institution of Higher Education
0 1 2	Local or State Government
0 1 2	Local Provider Agencies/Schools
0 1 2	Protection and Advocacy Agency
0 1 2	Professional Association
0 1 2	State Agencies
0 1 2	Other (Specify:)

16. Who are the primary targets for your outreach training activities? *(circle on response for each item)*

0=not a target audience, 1=secondary audience, 2=primary audience

0 1 2 Students
0 1 2 Professionals
0 1 2 Direct Care Workers (Paraprofessionals)
0 1 2 Administrators
0 1 2 Parents and Family Members
0 1 2 General Public
0 1 2 Persons with DD
0 1 2 Policymakers
0 1 2 Mixed Community
0 1 2 AAUAP Personnel, Boards, or Committees
0 1 2 Local UAP Personnel, Boards, or Committees
0 1 2 Other (Specify:)

17. In what environments, and with which age groups, do your outreach training audiences participate? *(place a 0, 1, or 2 in each box)*

0=not represented, 1=sometimes represented, 2=usually or always represented

Environment	Age of persons with disabilities				
	0-5	6-17	18-21	22-59	60+
Home/ Residential					
Work/ Day Activity					
School					
Recreation					
Medical/ Therapy					

18. What are the most common instructional strategies used in your outreach training? *(choose all that apply)*

- ☐ Anecdotes
- ☐ Case Studies
- ☐ Demonstration or Modeling
- ☐ Discussion Groups
- ☐ Structured Feedback (verbal, written, video)
- ☐ Fieldwork (e.g., practica, residences, internships)
- ☐ Games/Skits/Roleplaying
- ☐ Group Process
- ☐ Lectures
- ☐ One-to-one Instruction
- ☐ Panels/Guest Speakers
- ☐ Other (Specify:)

19. What are the most common instructional media used in your training? *(choose all that apply)*

- ☐ Audio Cassette
- ☐ Computer Based Instruction
- ☐ Films/Filmstrips/Videotapes/Slides
- ☐ Interactive Video
- ☐ Newsletters
- ☐ Self Paced Learning Modules
- ☐ Site Visits/Field Trips
- ☐ Telecommunication (e.g., closed circuit T.V.)
- ☐ Textbooks
- ☐ Train-the-trainer Manuals
- ☐ Trainee Handbooks
- ☐ Workbooks
- ☐ Other (Specify:)

20. During the last three years, what formats have you used for your **outreach training activities**? *(circle one response for each item)*

0=never, 1=sometimes, 2=usually or always

0 1 2 **Workshop** (usually brief, small group of people, focused topic, emphasizes participation and skill development)

0 1 2 **Conference** (usually 2 or more days, multiple topics, emphasizes knowledge dissemination and awareness)

0 1 2 **Course** (usually University based, part of a program of study, quarter or semester long, leads to academic credit)

0 1 2 **Training Institute** (usually week long, intensive instruction on topics in a particiular field)

0 1 2 **Technical Assistance** (provision of specific assistance leading to skill development, includes follow- up)

0 1 2 **On Site Consultation** (short-term provision of professional or expert advice to personnel at their place of employment)

0 1 2 **Inservice** (training to persons who are employed, usually occurs at employment site)

0 1 2 **Internship/Residence/Practicum** (supervised training in a particular work environment for a specifiedperiod of time)

0 1 2 **Symposium** (formal gathering in which several specialists make short presentations on a topic or related topics)

0 1 2 **Colloquium** (academic meeting where specialists make presentations on a topic or related topics and then address questions)

0 1 2 **Seminar** (academic event where persons, usually graduate students, discuss related issues)

0 1 2 **Professional Presentation** (presentation made at conferences of annual meetings)

21. Which strategies have been most effective for you when recruiting participants for outreach training? *(choose all that apply)*

- ☐ Printed Advertisements (e.g., newspaper, college catalogues)
- ☐ Printed Materials (e.g., brochures, newspaper articles)
- ☐ Multimedia (e.g., videotapes, radio ads, television ads, public service announcements)
- ☐ Presentation to Groups (e.g., high school career day, conferences)
- ☐ Word of Mouth
- ☐ Offer Incentives for Participation (e.g., credit, certification)
- ☐ Referral System
- ☐ Other (Specify:)

22. What types of academic or continuing education credit do you offer for the outreach training activities you provide? *(choose all that apply)*

- ☐ University/Four Year College Undergraduate Credit
- ☐ University Graduate Credit
- ☐ Community College Credit
- ☐ Technical College Credit
- ☐ Continuing Education Credit
- ☐ Professional Accreditation (Specify:)
- ☐ Not applicable
- ☐ Other (Specify:)

23. What proportion of participants request **academic credit**, if offered? *(choose one)*

- ☐ 0 - 5%
- ☐ 6 - 10%
- ☐ 11 - 25%
- ☐ 26 - 50%
- ☐ 51 - 75%
- ☐ 76 - 100%
- ☐ Not applicable

24. Which locations are most commonly used for your outreach training activities? *(circle one response for each item)*

0=never, 1=sometimes, 2=usually or always

0 1 2 Clinics/Hospital Settings
0 1 2 Community Colleges
0 1 2 Conference Centers/Hotels
0 1 2 Local Community Education Sites
0 1 2 Provider Agencies
0 1 2 Public Schools
0 1 2 Technical Colleges
0 1 2 Universities/State or Private Colleges
0 1 2 Other (Specify:)

(continued above)

25. What is your level of involvement in **conducting** outreach training (e.g., doing the training)? *(choose one)*

- ☐ This phase does not occur within my UAP
- ☐ I am not involved with this phase
- ☐ I am kept aware of activities associated with this phase
- ☐ I am one of many persons responsible for this phase (I also serve as overall coordinator)
- ☐ I am one of many persons responsible for this phase (Someone else serves as coordinator)
- ☐ I am one of many persons responsible for this phase (No one person serves as coordinator)
- ☐ I am solely responsible for this phase

Training Products

This section addresses the topics, formats and strategies used by your UAP to disseminate outreach training information.

26. Which of the following formats do you used to disseminate outreach training products? *(circle one response for each item)*

0=never, 1=sometimes, 2=usually or always

0 1 2 Written Products for Academic Audiences (e.g., books or book chapters, journal articles, technical reports, short reports, conference proceeding)

0 1 2 Other Products for Academic Audiences (e.g., presentations or poster sessions at conferences)

0 1 2 Written Producs for Non-Academic Audiences (e.g., research to practice publications, annual reports, training materials, newletters, informational sheets/facts sheets, brochures/flyers)

0 1 2 Other Products for Non-Academic Audiences (e.g., videotapes/fims/slides, audiotapes, public announcement, television advertisement.)

0 1 2 Resource Coordination Products (e.g., networks, publication catalogs, resource guides, resource library, information/ referral system)l

27. On which of the following topics has your UAP prepared outreach training products (e.g., training manuals, course syllabi) in the last three years? *(choose all that apply)*

- ☐ Introduction to Developmental Disabilities
- ☐ Case Management and Service Coordination
- ☐ Individual Assessment
- ☐ Intervention/Treatment/Programming
- ☐ Issues in Service Delivery
  - ☐ Medical
  - ☐ Family Supports
  - ☐ Early Intervention
  - ☐ Education
  - ☐ Transition
  - ☐ Community Integration
  - ☐ Residential Services
  - ☐ Employment/Adult Day Services
  - ☐ Services to Persons who are Elderly
- ☐ Health Care, Safety, Emergency Issues
- ☐ Individual Special Needs
  - ☐ Challenging Behavior
  - ☐ Human Sexuality
  - ☐ Parents with MR/DD
  - ☐ Sensory and Communication Needs
  - ☐ Physical Special Needs
  - ☐ Personal Care Special Needs
- ☐ Legal Issues/Self-Advocacy/Individual Rights
- ☐ Public Policy/Planning
- ☐ Staff Development
- ☐ Administrative/Management Issues

28. Who is responsible for dissemination of outreach training products? *(list names and phone numbers)*

Name _____

Telephone Number _____

Name _____

Telephone Number _____

Name _____

Telephone Number _____

Name _____

Telephone Number _____

Name _____

Telephone Number _____

Funding Information

This section attempts to identify how your UAP supports outreach training activities. The role the outreach training director has in financing outreach training is also addressed.

29. Would you describe your outreach training activities as self-supporting? *(choose one)*

- ☐ Yes
- ☐ No

30. Please indicate which of the following sources are or have been used to fund outreach training activities. *(circle one response for each item)*

0=not used, 1=secondary source, 2=primary source

0 1 2	Community Foundations (e.g., United Way)
0 1 2	Corporations
0 1 2	Federal Government Agencies
0 1 2	Federal/State per Capita or per service reimbursement
0 1 2	Fees Received for Services
0 1 2	In-kind Contributions
0 1 2	Local Government Agencies
0 1 2	Private Foundations
0 1 2	Professional Associations and Trade Associations (e.g., ARC)
0 1 2	State Government Agencies
0 1 2	ADD Training Initiative Impact
0 1 2	UAP Core Grant Funds
0 1 2	University/Grantee Support
0 1 2	Other (Specify:)

31. Please indicate the topics on which you have, or have had in the last three years, an ADD training initiative grant. *(check the appropiate items)*

- ☐ Assistive Technology
- ☐ Early Intervention
- ☐ Direct Care Staff Training
- ☐ Positive Behavior Management
- ☐ Elderly
- ☐ None

32. How are participant fees for outreach training determined? *(choose all that apply)*

- ☐ Fees are not charged
- ☐ Informal policy
- ☐ Negotiated fee
- ☐ Sliding fee schedule (please attach a copy)
- ☐ Written policy (please attach a copy)
- ☐ Other (Specify:)

33. What is your level of involvement in **financing** outreach training activities (e.g., securing funding, planning budgets, writing grants specific to outreach training)? *(choose one)*

- ☐ This phase does not occur within my UAP
- ☐ I am not involved with this phase
- ☐ I am kept aware of activities associated with this phase
- ☐ I am one of many persons responsible for this phase (I also serve as overall coordinator)
- ☐ I am one of many persons responsible for this phase (Someone else serves as coordinator)
- ☐ I am one of many persons responsible for this phase (no one person serves as coordinator)
- ☐ I am solely responsible for this phase

Evaluation

This section attempts to identify who is involved in evaluation and how evaluation is completed within UAPs.

34. Who participates in designing and/or conducting the evaluation of your outreach training efforts? *(circle one response for each item)*

0=never, 1=sometimes, 2=usually or always

0 1 2	Students
0 1 2	Professionals
0 1 2	Direct Care Workers (Paraprofessionals)
0 1 2	Administrators
0 1 2	Parents and Family Members
0 1 2	General Public
0 1 2	Persons with DD
0 1 2	Policymakers
0 1 2	Mixed Community
0 1 2	Consultants/External Evaluators
0 1 2	Outreach Training Participants
0 1 2	AAUAP Personnel, Boards, or Committees
0 1 2	Local UAP Personnel, Boards or Committees
0 1 2	Other (Specify:

35. Who are the targets of your evaluation efforts in the area of outreach training? *(circle one response for each item)*

0=never, 1=sometimes, 2=usually or always

0 1 2 Students
0 1 2 Professionals
0 1 2 Direct Care Workers (Paraprofessionals)
0 1 2 Administrators
0 1 2 Parents and Family Members
0 1 2 General Public
0 1 2 Persons with DD
0 1 2 Policymakers
0 1 2 Mixed Community
0 1 2 Local UAP Personnel, Boards or Committees
0 1 2 Other (Specify:

36. Which of the following strategies does your UAP use to evaluate outreach training? *(circle one response for each item)*

0=never, 1=sometimes, 2=usually or always

0 1 2 Participant Opinion (surveys, checklists, interviews, attitude questionnaires)
0 1 2 Competency Testing of Participants (testing skill demonstration)
0 1 2 Content Analysis of Service Documents (e.g., IEP, ISP, IWRP) or Other Trainee Products
0 1 2 Content Analysis of Training Materials
0 1 2 Cost Analysis
0 1 2 Group Process (delphi technique, nominal group process)
0 1 2 Observation of Trainees/Site Visit
0 1 2 Observation of Training Sessions by an Evaluator
0 1 2 Written Test of Knowlege Acquisition
0 1 2 UAP Workshop Evlauation
0 1 2 Other (Specify:)

37. What is your level of involvement in **evaluating** outreach training (e.g., assessing the outcome of outreach training activities)? *(choose one)*

☐ This phase does not occur within my UAP
☐ I am not involved with this phase
☐ I am kept aware of activities associated with this phase
☐ I am one of many persons responsible for this phase (I also serve as overall coordinator)
☐ I am one of many persons responsible for this phase (Someone else serves as coordinator)
☐ I am one of many persons responsible for this phase (no one person serves as coordinator)
☐ I am solely responsible for this phase

38. How many people received outreach training through your UAP during FY 89-90? *(identify the number, not the range of numbers)*

_____

39. How many hours of outreach training were provided through your UAP during FY 89-90? *(identify the number, not the range of numbers)*

_____

Research Activities

40. Many UAP's, in addition to providing outreach training, also conduct research on staff training and other personnel issues related to the provision of services to person with disabilities. Please list the name, titile, and phone number of any UAP faculty or staff members who are, or who have in the last five years, conducted research on training or other personnel issues. *(attach addtional information as needed)*

Name:

Title:

Phone:

Name:

Title:

Phone:

Other

41. Please provide descriptions of other outreach training activities which are central to your approach which we have not mentioned.

TRAINING TOPICS

Intro to Developmental Disabilities
- disability information/awareness
- overview of specific disabilities
- overview of service delivery systems
- human growth and development
- terminology
- information referral/direction
  - services
- historical perspectives
- philosophical issues
  - community integration/LRE
  - normalization
  - quality of life
  - deinstitutionalization

Case Management and Service Coordination
- interagency coordination and issues
- interdisciplinary team process
- systems change
- service planning
- personal futures planning
- accessing generic services
- accessing specialized services

Individual Assessment
- screening
- measurement issues
- assessment strategies
- functional analysis
- task analysis
- assessment instruments

Intervention/Treatment/Programming
- behavior modification
- individual program design
- program development
- program writing
- writing goals and objectives
- instructional strategies
- selection and use of training materials
- program implementation
- prompting strategies
- program management
- program maintenance
- record keeping
- data collection and management
- report writing

Issues in Service Delivery

Medical
- genetics
- prevention
- prenatal services
- diagnosis/prescription
- identification
- health care
- mental health/counseling

Family Supports
- parenting
- working with families
- counseling families
- communicating with families
- sibling support
- parent/family advocacy

Early Intervention

Education
- inclusive education
- outcome based education

Transition

Community Integration
- social networks, participation
- transportation/comm mobility
- recreation/leisure

Residential Services
- respite care
- foster care
- independent living
- supported living
- community living
- home management
- activities of daily living
- community acceptance

Employment/Adult Day Services
- employment models
- vocational training
- rehabilitation technology
- career planning
- supported employment
  - job development and modification
  - job and job site analysis
  - job match
  - job placement
  - job site training
  - generalizing work opportunities
  - maintaining access to employment
  - follow along and monitoring
  - supervisor/coworker advocacy
- employer negotiation
- client scheduling
- labor market analysis
- rural employment
- resource development
- marketing
- production management
- wage and hour
- business theory
- proposal/contract development

Services to Persons who are Elderly

Health Care, Safety, Emergency Issues
- nutrition
- meal planning/prep
- medication administration
- psychotropic medication
- medication side effects
- seizures and illnesses
- first aid
- CPR
- handling medical emergencies
- health care routines
  - tracheostomy care
  - gastrostomy care
- dental care
- fire and weather safety
- sanitation and infection control
- AIDS
- Hepatitis B
- defensive driving

Individual Special Needs

Challenging Behavior
- dual diagnosis (MR/MI)
- emergency/controlled procedures
- positive interventions
- substance abuse/alcohol

Human Sexuality

Parents with DD

Sensory and Communication Needs
- augmentative communication
- sign language/braille
- orientation and mobility
- sensory integration training

Physical Special Needs
- environmental adaptations
- assistive technology and devices
- positioning and handling
- lifting

Personal Care Special Needs
- eating/feeding

Legal Issues/Self-advocacy/Individual Rights
- child neglect and abuse
- vulnerable adults
- guardianship
- special needs adoption
- legal rights/criminal justice
- data privacy issues
- disability rights
- consumer empowerment
- advocacy
- self-advocacy
- self-determination

Public Policy/Planning
- laws (e.g., ADA training)
- rules and regulations for provision of services
- public programs and services

Staff Development
- paraprofessional roles and responsibilities
- ethical issues and standards
- time management
- stress management
- team work
- assertiveness training
- interpersonal skills
- conflict resolution
- problem solving
- job seeking skills

Administrative/Management Issues
- administrative planning
- work plans
- corporate development
- budgeting/fiscal management
- fund raising
- contract language
- leadership and motivation
- personnel management
- personnel policy
- recruitment, hiring, and termination
- minority issues
- disciplinary actions
- staff supervision techniques
- employee/consumer counseling
- training staff and consultants
- employee evaluation
- quality assurance
- program evaluation
- organizational change
- coordinating services
- communicating
- board of governance
- public relations
- program promotion
- computer technology